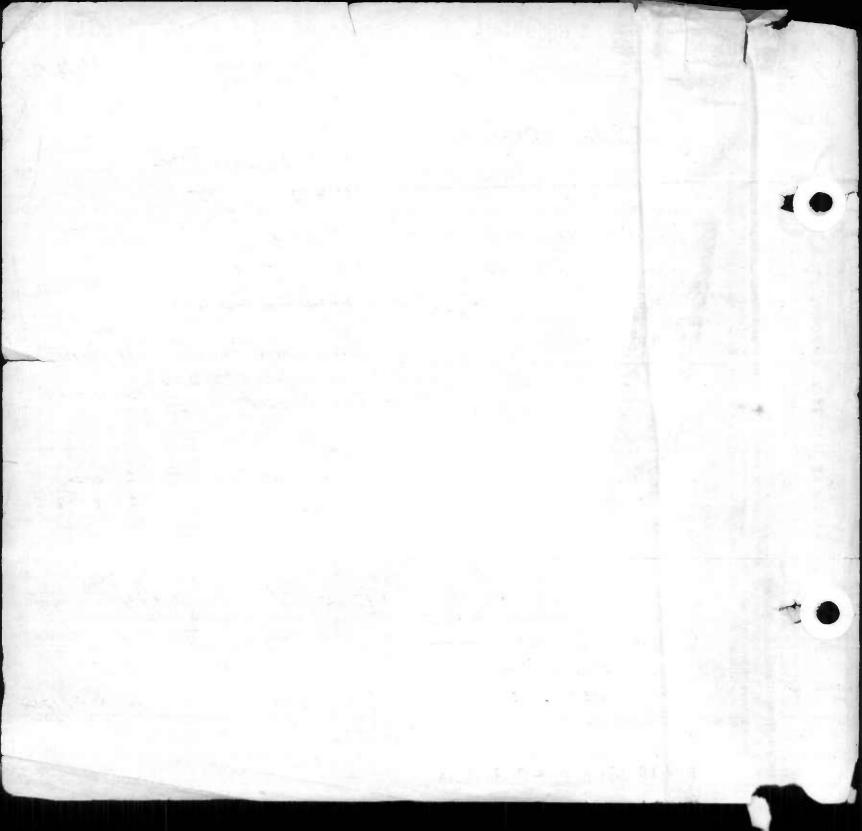
BIRTH PO.	65 1	3001 CERTIFICA	ATE OF DEATH	Registered Not	J 11901
M.E. CASE NO.			2. DATE AI	ND HOUR OF DEATH	
(Type or Print) mc		Mary Stella	11	14/65	10:30 F.
3. PLACE OF DEATH	BALTIMORE, MARYLA		IA. STATE B. COUN	ne deceased lived. If ins	titution; residence before admis
FULL NAME OF HOSPITAL OR	(If not in hospital or ins	stitution, give street	marykans		Massa -
INICITATION		1 20	3000		JRAL and give township)
1 Montes	Selle State	Hospital	D. STREET ADDRESS (III	rurol, give location)	- 58 KK
/ / / / / / / / / / / / / / / / / / / /			1 - 7.	Eden Road	2
Flemale 6. RA	While 7. N	ARRIED NEVER MARRIED (Specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
		KIND OF BUSINESS OR INDUSTR	Y 11. BUTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most af working	-54PV.	DEPT. STORE	Penna		USA.
13. FATHER'S NAME	Mr. Parm	Ness/	Rose O/ H	me Canlani	
5. Was Deceased Ever	in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT .		ADDRESS
Yes no or unknowled y	es, give wir or dotes of	315-05-690	of Hospital	Records	
1B.	X	CAUSE	OF DEATH		INTERVAL BETWEEN
	CONDITION DIRECT	Y \$	rebul Thom to hemiplegea rleus desori	8	ONSET AND DEATH
Acres 1	ean the made of dyin	(A) CO	repul enon	mores C	11 monchs
heart failure, asthe	nia, etc. It means the	disease,	to homisladers	Jan Koria	
	tian which caused deat	h.)	J'emajugen.	7 - Janear	an laran
ANTE	CEDENT CAUSES	DUE TO	rterisderose	· · · · · · · · · · · · · · · · · · ·	2014011000
	ONDITIONS, if any,	giving			
underling Co	oave cause (A) stati	ing lhe (C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1940 ABBABBABABABABABABABABABABABABABABABAB	
E TO THE DEATH	II NT CONDITIONS CONTI BUT NOT RELATED DITION CAUSING IT.	RIBUTING TO THE CATORIAN PO	ustic Heart De	220012	2 years
U 19A. DATE OF OPE		N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
A L	WAS PERFORM		no	IN CERTIFYING CAU	SES OF DEATH?
21 A. ACCIDENT WOR CONTRIBUTING	CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
0	nth) (Doy) (Year) (Ho	our) 21 E. INJURY OCCURRED	21F. HOW DID IN	HIRY OCCUP?	
S OF INJURY	(100)	While At I Not Wh		OKI OCCOK:	
(APPROX.)		Work At Work	7/	. /	1.
22. I certify that	(1) (this hospital) att	ended the deceased fram	1/27/65	19 to ///2	H65- 19
that (I) (we) lost	saw the deceased all	ive on 11/4/15	19 and 11	ngt in (my) (our) enim	ion death occurred on the
		bove. (1) (We) (did) (did not)		,,, (,,	The state of the
23A. SIGNATURE	u ina conzaz zidiad o	0040. (1) Tua) (ala vol.)	view the body offer deoth.		220 DATE CICHED
230 JIGHATORE	0.00	P. M.D. At	tending Med.	Stoff >	238 DATE SIGNED
	Nancel I.		ys. Director	Phys.	10/65
23 C. PHYSTCIAN'S NAME (Type)	Daniel G. La	M.D	230. ADDRESS . 220/ avgenn	e Drive Ba	1 1 man and 3121
24A. BURIAL CREMATI		24C. NAME OF CEMETERY OF CE	REMATORY 24D. L	OCATION (City	, town, or county) (State
REMOVAL (Specif		Catt. O. S	Com.	Balt	- bil
Butual	1/-9-63	NAME OF BEGIEVE	Tom.	- Chris	71.6
MOV 1 0 4		NAME OF REGISTRAR	25C. FUNERAL DIRECTO	17 20	ADDRESS
MOA TO 1	965 P.O. F. 8	talents.	truly (war	mugh Jun. A.	tame Cilone ally
/S 150-REV. 1/1/65		,			

BALTIMORE CITY HEALTH DEPARTMENT



RGB

				BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO		5 1150	الين المناطقة	CERTIFICA	TE OF DEATH	Registered No.	65 44500
	OF DECEASED				2. DATE	AND HOUR OF DEATH	09 11982
(Туре от	Print)	William Ar	thur So	chwermer		Nov. 8, 1965	, 11;03 P N
3. PLAC	E OF DEATH IN	BALTIMORE, MA	RYLAND			Where deceased lived. If ins	stitution: residence before odmission)
	NAME OF	(If not in hospital	or institution,	give street	1	Md.	44
INSTIT	TAL OR TUTION Public H	ealth Serv	n)	Action to the		f outside city limits, write Reltimore	URAL and give township)
Wym	an Pk. D	rive & 31s	t Stree	et	D. STREET ADDRESS	(If turol, give locotion) OO Carvel Beac	h Road
s. sex	6. RA	CE W	WIDOWE	, NEVER MARRIED D, DIVORCED (specify) Married	7/8/93	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 His. Months Doys Hours Min.
		life, even if retired)	USN	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATH	John S	Schwemmer	4 74		14. MOTHER'S MAIDEN Carolin	e Manner	
(Yes, no o	runknown) (If ye	in U. S. Armed For is, give wor or dote SN 117-139	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US	PHS Hospital,	ADDRESS Balto, Md.
1B.	es (A)	1 42-14	6	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR	CONDITION DI	RECTLY				ONSET AND DEATH
/TL:		OING TO DEATH		(A)	llmonary edema	# 6 6 6 6 6 6 6 6 6 6 7 7 8 6 w a a a a wwa wwa a 6 7 6 6 w a www 7 7 a a a	Hours
heor	rt failure, osthe ry ar camplicot ANTEC EASES OR CO	nio, etc. Il means ion which coused CEDENT CAUSES ONDITIONS, il ove couse (A)	the disease, death.)	CE DUE TO I	arcinoma of the metastases to l eardium, lungs		Mos.
	DERLYING CO		storing the		odes, adrenals		
≅ TO	THE DEATH	II IT CONDITIONS C BUT NOT RELA	TED TO TH	G	& surgice		
		ATION CAUSING I	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes o	No) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR	ACCIDENT WA	AS UNDERLYING CAUSE OF		ne, form, foctory, street, o	in or obout 21 C. WHERE DI		City, give exoct locotion)
Q 21D. OF 1	TIME (Mon	th) (Doy) (Year)		. INJURY OCCURRED	le 🗀	INJURY OCCUR?	
22.	I certify that	(1) (this hospital) ottended t	he deceased from S	ept, 15	19 65 to No	ov. 8 1965
		sow the deceose					ion death occurred on the do
				1	liew the body ofter dec	th.	3 0103H 00 0H HIU 00
	SIGNATURE	3333		1/2	The body offer deo		23 B. DATE SIGNED
	The	mes	+	MA.D. At	dending Med.	Stoff Phys.	11/9/65
	PHYSICIAMS NAME (Type) Thomas J	Lau, Sur	geon (R		23D. ADDRESS	ptal, Balto, M	
	RIAL CREMATION			AME of CEMETERY or CE			y, Jown, or county) (State)
REA	MOVAL (Specify	11-11-	4	Balto Na	y. Co	Beld mo	1.
2SA. DA		EALTH DEPT. 965 P. O.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	TOR 11. 23750	Tipaco as
VS 150-F	REV. 1/1/65	- Whitse	N C' VI	and the diameter	7	7.07.0	June 1
			The second secon				

Table 1

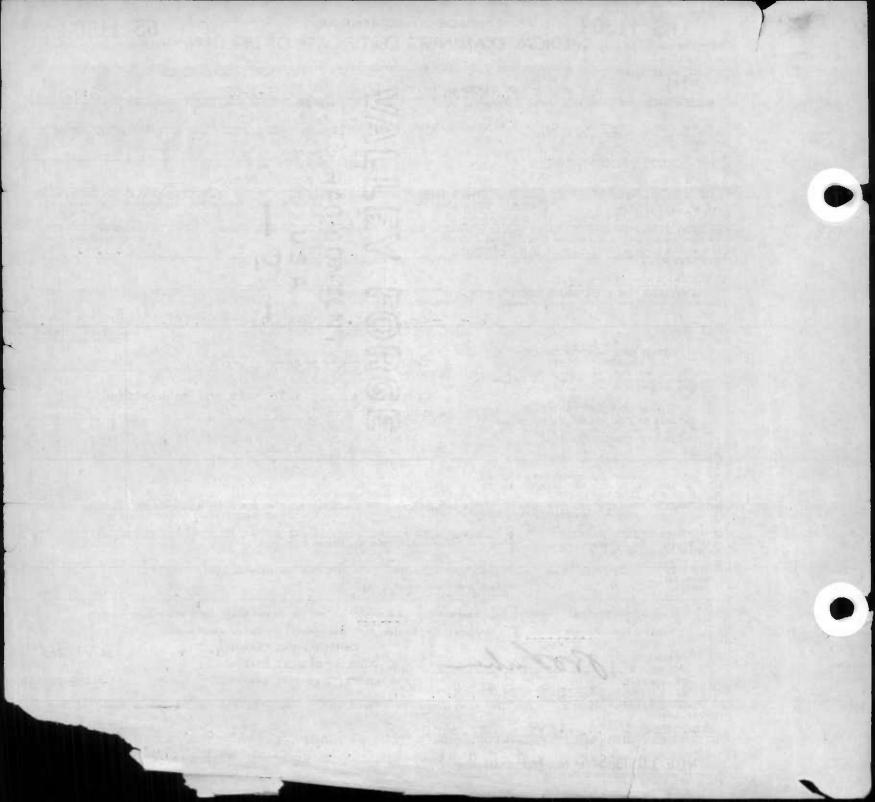
BALTIMORE CITY HEALTH DEPARTMENT

CE 44500

BIRTH NO.	MED	ICAL FX	AMINER'S	FRTIFICATE	OF DEATH Regist	ered No.
M.E. CASE NO.	MED		A TANIII A ER O	JEKTII TOXTIE	OI DEATH	
1. NAME OF DECE	ASEO			2. 0	DATE AND HOUR PRONOUNG	CED DEAD
		NK M. I			11-7-65	4:45 P
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOUI	NCED OEAD	4. USUAL RESIDENCE	E(Where deceased lived. If ins	titution: residence before admissi
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryland	(If outside corporate limits, wri	e RURAL and give township)
INSTITUTION				Baltimore		1-1
1202	ARGONNE DRI	CVE			(If rural, give location)	1-00
					onne Drive	
5. SEX 6	. RACE		NEVER MARRIED	B. OATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
Male	White		IVORCED (specify)	10/0/100	lost birthdoy)	Months, Doys Hours Min
IDA USUAL OCCUI	PATION (Give kind of wor	Marr	L CO.	10/2/189	9 65	12- CITIZEN OF
done during most of wo	orking life, even if retired)	Furnit	ire &	RY 11. BIRTHPLACE (Stote	7	WHAT COUNTRY?
Propriet	or	Applia	ance	Marylan		U.S.A.
	r Budacz			Marie Z	aczek	
Yes, no or unknown),(If yes, give wor or dote	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		2	18-32-4448	Mrs. Berth	a C.Budacz,12	02 Argonne Dr
1B. 7	1. 1.			SE OF DEATH	a o Dadacoz 12	INTERVAL BETWEEN
DISEASE	On COMPINION D	INCEL V				ONSET AND DEAT
	E OR CONDITION DI LEADING TO DEATH		Left	coronary art	ery thrombosis	
(This does no	of mean the mode of osthenia, etc. It means	dying, e.g.,	DUE TO			***************************************
injury or com	plication which caused	deoth.)	Coros	arm artorm	clerosis and ge	noralized
A	NTECENDENT CAUS				cterosis and ge	merarized
	R CONDITIONS, IF		(B) arcel	riosclerosis		
	G CONDITION LAST.					
	o combinion tagi,		(C)			
2	- II		CANADA STATE			
OTHER SIGN	FICANT CONDITIONS					
	CONDITION CAUSING			· · · · · · · · · · · · · · · · · · ·	**************************************	**************************************
19A. DATE OF	OPERATION 198, COM		HICH OPERATION	20A. AUTOPSY? (Ye	es or No) 20B. IF YES, WERE F	INDINGS CONSIDERED
0	WAS PER	REDRINED		Yes	IN CERTIFYING CAU	ISES OF DEATH?
O UNDERLYING		21B. P	LACE OF INJURY (e.g.	, in or obout 21C. WHE	RE DID (If in Boltimore City,	give exact location)
UTING CAUS	E OF DEATH.	etc.)	iomi, lociory, sireei,	office bidg., INJURY O	COR	
2	(Month) (Doy) (Yeo	r) (Hour) 21	E. INJURY OCCURRED	21F HOW	DID INJURY OCCUR?	
OF INJURY	Transition (Doyr (rec				DID HITTORY COOK.	
		m. W	ORK AT	WHILE WORK		
22.	fy that I held an I	Inquiry 🗌	Inspection A	utopsy 🗴 and th	ot on this basis, deoth in	my opinion
	ed fram: Natural co				Undetermined mann	
result	ed fram: Natural Co	OSES A A	cident 3uici			
ACTUAL	Ra	1			CAL EXAMINER X	DATE SIGNED
SIGNATU		o nh	M.			
EXAMINE		a maraza	D 34 D	ASSOCIATE MED	ICAL EXAMINER	11-8-65
NAME (T		S. FISHE	R, M.D.	CREAL A TO SV	22D 1004701	
REMOVAL (Specify)		230	. NAME OF CEMETERY	OF CREMATORY	23D. LOCATION (G	(State)
Entombme	nt 11/11/	/65 L	orraine		Baltimore,	Marylad
24A. DATE REC'D		24B, NAME C		24C. FUNERAL I		6

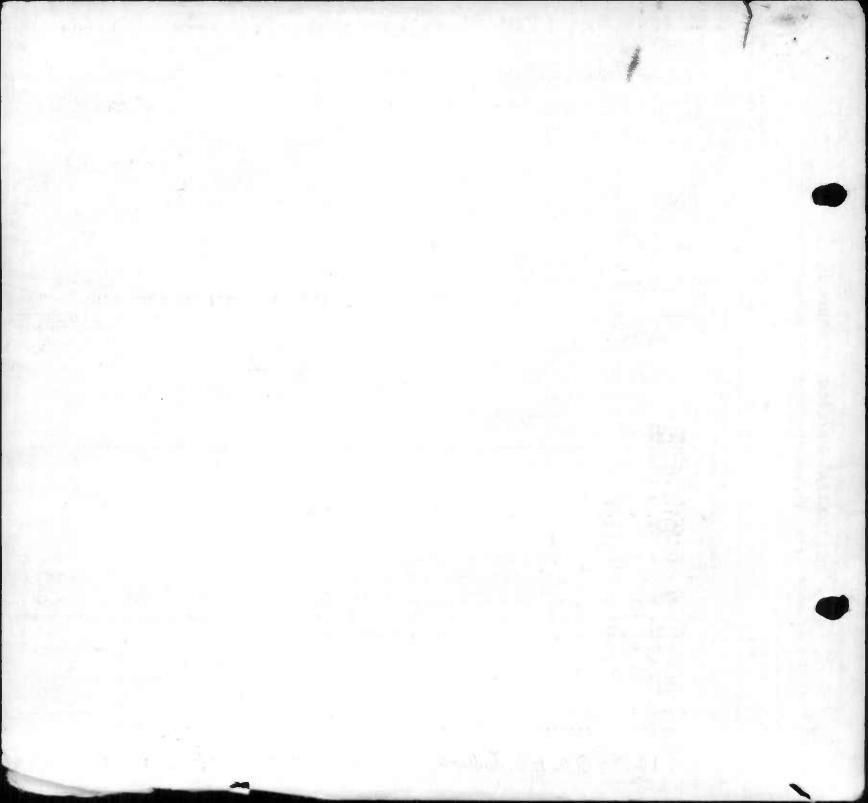
NOV 10 1965 Plat 2. Farley M. 3 151-REV. 1/1/65

M.F. SADOWSKI & SONS, 180



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

10 11-02	BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIRTH NO. 62-11203 65 1150	CERTIFICA	TE OF DEATH	Registered No	65 11504
M.E. CASE NO. 1. NAME OF DECLASED	1.1	2. DATE AN	D HOUR OF DEATH	1.466
(Type or Print) doe Kubia	HACK		11-7-65	1541 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before admission)
FULL NAME OF (If not in hospital or institut	lion give steet	MD		Balt
HOSPITAL DR oddress or location)	Non, give sheet			JRAL ond give township)
	11 11	1372711	monz	5370
UNIV. of MD.	11058.001	D. STREET ADDRESS (If	rural, give location)	
<u> </u>		5521	04D C0	inat Rd.
S. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haus Min.
MARC White	SINGIE	1 4 64	2.5	
OA. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	Baltimore 1	Anous Cours	115A
3. FATHER'S NAME	10000	BALTIMORE, N 14. MOTHER'S MAIDEN NAI	ME CANO	0 311
Aller Hace		1	1	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	· / nor	ADDRESS
(If yes, give wor ar dates of serv	ice) SECURITY NO.		FERT ALD O	
	NO	MR. ALLEN HACK	5521 ULU C	
18. 193.01	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7.	0 1 4	-1	11 2 100
(This does not mean the made of dying,	e.g., DUE TO	read DArac gross	vannel	1 monde
heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	oase,	Lucar	40	
ANTECEDENT CAUSES	(B) Dr	ist 6.45	mor	
DISEASES OR CONDITIONS, if any, gi	DUE 10			
rise to the above cause (A) stating				
UNDERLYING CONDITION last.				
Z OTHER SCHIEGANT CONDITIONS CONTRIB	ITING			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES. WERF FI	NDINGS CONSIDERED
WAS PERFORMED	And tumor	N _a	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimare	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, factory, street, aftet.)	ice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	HRY OCCUP?	
OF INJURY	While At Not While		OR! OCCOR:	
(APPROX.)	Work At Work		•	
22. 1 certify that (1) (this hospital) ottend			19 to 11-	7 19 65
that (I) (we) lost sow the deceased alive	on 11-7	19 65 and the	at in (my) (our) opin	ion deoth occurred on the da
and hour and from the causes stated above	re. (1) (We) (did) (did not) vi	ew the body ofter deoth.		
23A. SIGNATURE				23B. DATE SIGNED
- Culbran	M.D. Atter	nding Med. Director	Staff Phys.	11-7-65
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		. 11
1 / / / / / / / / / / / / / / / / / / /	M.D.	UNS. S	Mp. Hor	57P. Del
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (City	, town, or county) (State)
BURIAL (Specify) 11/9/65	BETH EL MEMORIA		ANDALLSOTNW.	
			· ·	
NOV 10 1965 P. C. 258 2A	Javenma	SOL LEVINSON	& BROS. INC. 6	000 REISTERSTOWN
- down				
MAN IN 1802 Offer & S.	Jahrenmin	SUL LEVINSON	& BROS.INC.6	000 REISTERSTOWN



of death:

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death

pronounced

the physician who

(except where

was D.O.A. at a hospital deceased prior to death)

certificate must be

9

and

the remains

obtained before

must

written approval

MEDICAL

21 D. TIME

No physician was

attendance

regular

		BALTIMORE CI	TY HEALTH DEPARTMENT		
BIRTH NO.	65 1150	5 CERTIFIC	ATE OF DEATH	Registered No	55 11505
1. NAME OF (Type or Print)	DECEASED	SCHMUCKLER		MEMBER 9. 19	_ /
FULL NAM HOSPITAL INSTITUTIO	OR oddress or to cotion	or institution, give street)	4. USUAL RESIDENCE (WA. STATE B. COI MARY LAND C. CITY OR TOWN (IF BALTIMORE	here deceosed lived, If UNIX outside city limits, write (If rurol, give location)	institution: residence before admission) RURAL and give township)
5. SEX MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during mo	st of working life, even if retired) ANUFACTURER	10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or for RUSSIA 14. MOTHER'S MAIDEN N UNKNOWN		12. CITIZEN OF WHAT COUNTRY? USA
IIID. TYOS DECE	ased Ever in U. S. Armed For nown) lif yes, give wor or dole	s of service) 16. SOCIAL SECURITY NO. 216-09-6212	17. INFORMANT	PALMER 2812	ADDRESS DELMONT AVENUE
DISTRIBUTION OF THE PROPERTY O	SEASE OR CONDITION DIR LEADING TO DEATH es nat mean the made af ure, asthenia, etc. It means complication which caused ANTECEDENT CAUSES S OR CONDITIONS, if	dying, e.g., the disease, death.)	of DEATH MPhyse		INTERVAL BETWEEN ONSET AND DEATH Jean
	the above cause (A)	,			

UNDERLYING CONDITION last, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

20A. AUTOPSY? (Yes or No) 20B. IF YES,

198 CONDITION FOR WHICH OPERATION WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION PERFORMED IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in or obout 210 ome, form, foctory, street, office bldg., INJ	URY OCCUR?

21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this haspital) ottended the deceased

(If in Boltimore City, give exact location)

that (I) (>>> lost saw the deceased alive on and hour and from the causes stoted above. (1) (We) (did) (did not) view the body after deoth.

ond that In(my) (our) apinion death accurred on the date.

23A. SIGNAL WILL	Meudelia M.	D. Attending Phys.
23C. PHYSICIAN'S NAME (Type)	CHRISTOPHED MENDELIS	23D. ADDRESS

Med. Director Staff Phys. 23D. ADDRESS

CHRISTOPHER MENDELIS M.D

2308 EDMONSON AVENUE

23B, DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 11/10/65

TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.

(Doy)

24C. NAME of CEMETERY OF CREMATORY HEBREW YOUNG MEN

24D. LOCATION BALTIMORE

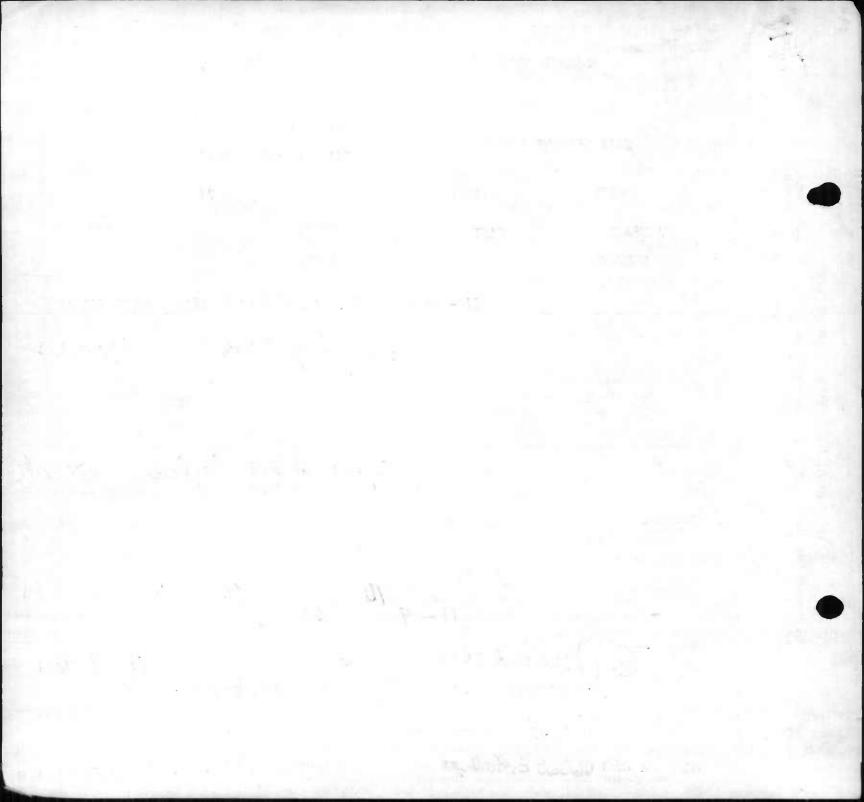
(Stote) (City, town, or county) MARY LAND

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/65

LEVINSON & BROS. INC. 6010 REISTERSTOWN RD



pital and of death Deceased

contributing cause

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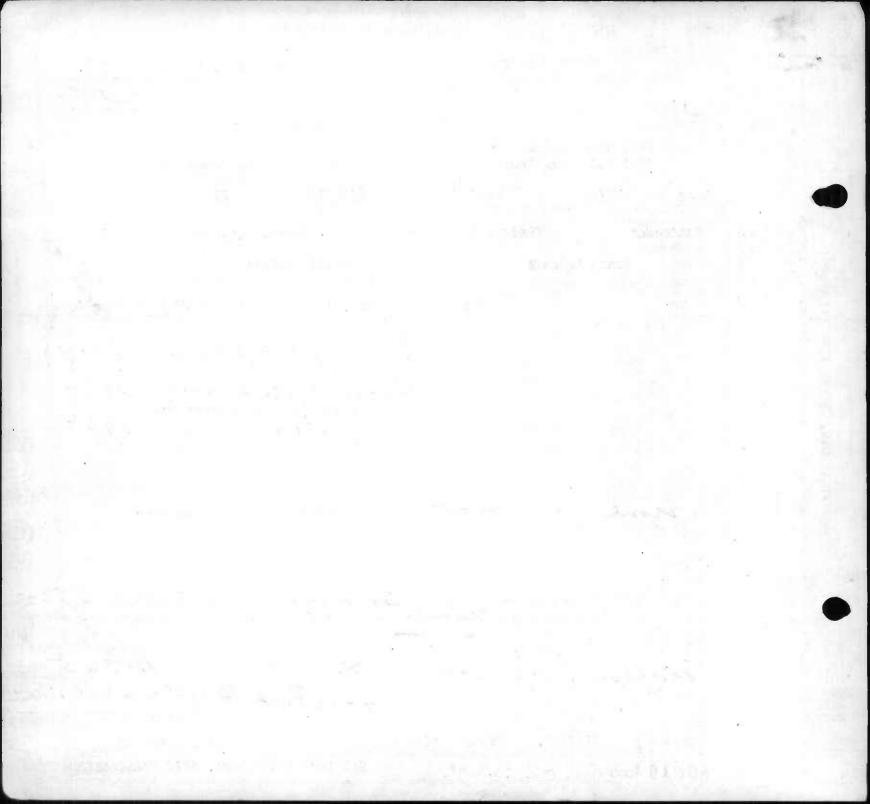
shows: (1)

approval

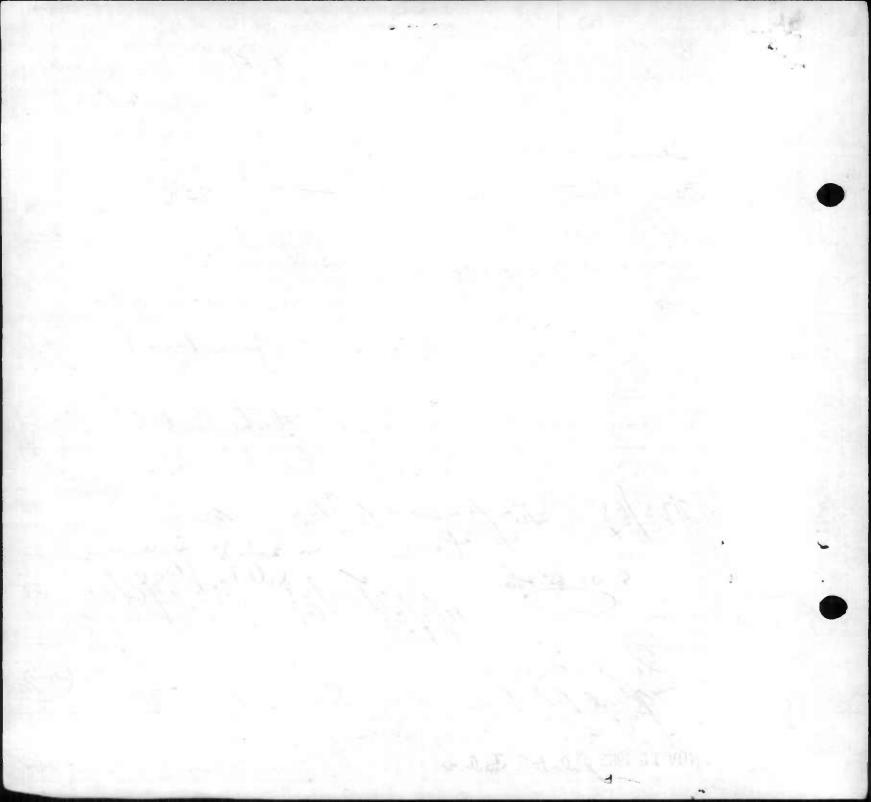
the body was released

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 65 11506 M.E. CASE NO. Such I. NAME OF DECFASED 2 DATE AND HOUR OF DEATH (Type or Print) MURRY ROBERTS November 6. 1965 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspital or institution, give street address or location C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore prior Pall Mall Nursing Home D. STREET ADDRESS (If rural, give location) 4601 Pall Mall Road 5042 Pembridge Avenue Ö 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 1 Yr. If Under 24 Hrs. ma eceased Manths Days WIDOWED, DIVORCED (specify) last birthday) Hours 3/22/1892 Male White Married 73 10A USUAL OCCUPATION (Give kind of work) OR KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bartender Chesapeake Restaurant Baltimore. Maryland USA isposit 13. FATHERS NAME the Harry Roberts Nettie Kellert 00 ADDRESS 15. Was Deceased Ever in U. S. Armed Farces? 6. SOCIAL 17. INFORMANT final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. attendance 5042 Pembridge Avenue No Mrs. Lena Roberts VOX INTERVAL BETWEEN CAUSE OF DEATH 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the disease, 9 injury or complication which caused death,) regul ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, rise to the above cause (A) sloting the remains UNDERLYING CONDITION lost MOS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at Na) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION WAS PERFORMED physi 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF å DEATH (natify medical examiner MEDIC obtained (Haur) (Manth) (Day) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Nat While While At (APPROX) At Wark Wark and Newber 19 65 that (1) (we) last sow the deceased alive on Morenile C ond that In(my) (our) opinion death occurred on the date eath) and hour and from the causes stated above. (1) ((did) (did=nor) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Ö

Med. Attending Phys. Staff M.D. Director 23C. PHYSICIAN'S 23D. ADDRESS Dr. Milton Lowman 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATOR 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify Burial 11/7/65. Hebrew Friendship Baltimore 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Sol Levinson & Bros. 6010 Reisterstown Road VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT 65 11507 BIRTH NO. ICATE OF DEATH Registered No. Deceased M.E. CASE NO. Sucl on th I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 10,20 am. death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where A, STATE B. COUNT) deceased lived. If institution: re ance B. COUNTY (2) Cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR outside city limits, write RURAL and give township) attend Use; 10 prior (If rurol, give D. STREET ADDRESS contributing etermined regular 0 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In Jeors 8. DATE OF BIRTH If Under 1 Yr. If Under 1 Months Days Hours If Under 24 Hrs. BE eceased WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 0 0 15. Was Deceased Ever in U. S. Armed Forces? SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) final ance AUSE OF DEATH 0 B. INTERVAL BETWEEN attend ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., mbal heart failure, asthenia, etc. It means the disease, 9 injury or camplication which caused death.) > ANTECEDENT CAUSES 0 5 are DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) slating the physician remains UNDERLYING CONDITION last. MOS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 278 PLACE OF INJURY (e.g., in or obout T.C. WHERE DID nome, lorm, roctory, street, office bldg: INJURY OCCUR? Boltimore City, give exact location) hospital °Z MEDICAL nature; obtained 21 D. TIME (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While OF INJURY While At (APPROX.) At Work and any 22. I certify that (1) (this hospital) aftended the deceased from that (I) (we) last saw the deceased alive an. be and that in (my) (aur) opinion seath occurred on the date o hospital eat must and hour and from the causes stated above. (1) (We Adid (did not) yiew the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED ō Attending Phys. Med. Director M.D. Staff 9 approval Phys. 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at M.D. 24A. BURTAL EXEMATION, REMOVAL (Specify) 24GINAME of CEMETERY OF CREMATORY LOCATION eceased (City, tawn, or county) o body written shows: o. Was UNELAL DIRECTOR VS 150-REV. 1/1/65



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hospital

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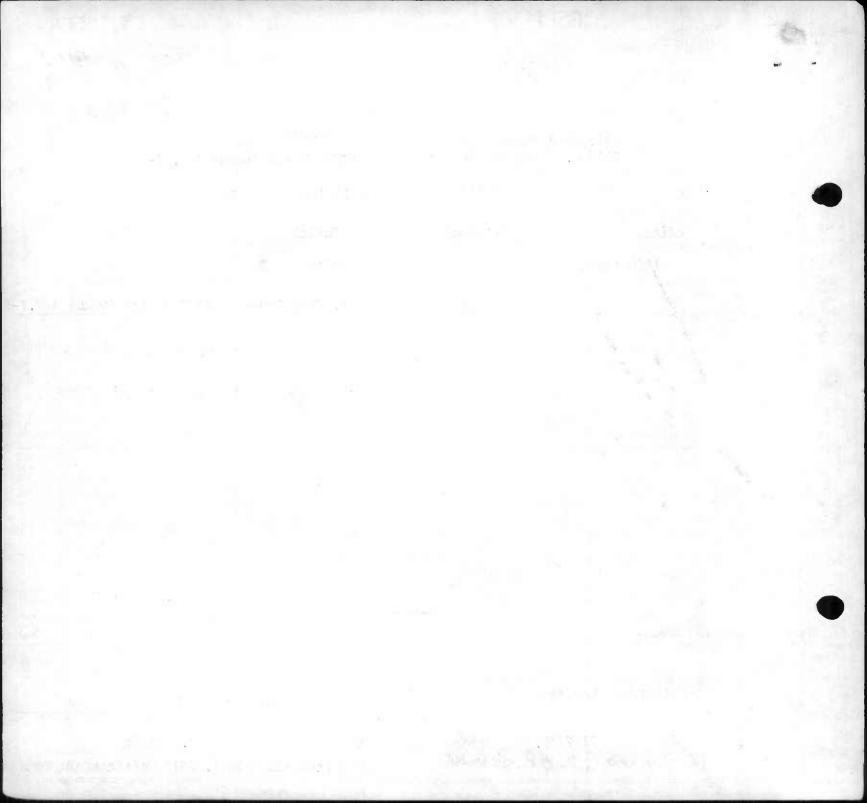
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARY AND 4. USUAL institution; residence before admission) (If not in hospital or instilution, give street Maruland FULL NAME OF HOSPITAL OR oddress or location) C. CITY OF TOWN (If outside city limits, INSTITUTION Belvedere Nursing Home (If rurol, give location) 2525 W. Belvedere Avenue 2709 Hanson Avenue Apt. 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In veors 5. SEX If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) last birthdov) Months Doys Hours Male White Married 79 3/15/1886 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (Stole of (greign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Merchant LISA Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laib Levin Dobra 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 2709 Hanson Avenue Apt. 1-B No Mrs. Dora Levin CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the diseose, injuly of complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the above cause (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF tNJURY (e.g., in or about 21C. WHERE DtD home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) etc.) MEDI 21D. TIME 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR (Month) (Doy) (Year) (Hour) OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hespital) attended the deceased from that (1) (we) last saw the deceased alive an NOV. 19 65 and that In (my) (our) opinion deoth occurred on the date and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238. DATE SIGNED Attending Stoff Med. M.D. Phys. Director ___ written approval Phys. 23D. ADDRESS NASheldon Kravitz 24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 25C. FUNERAL DIRECTOR

Hebrew Young Mens Sol Levinson & Bros. 6010 Reisterstown Road VS 150-REV. 1/1/65

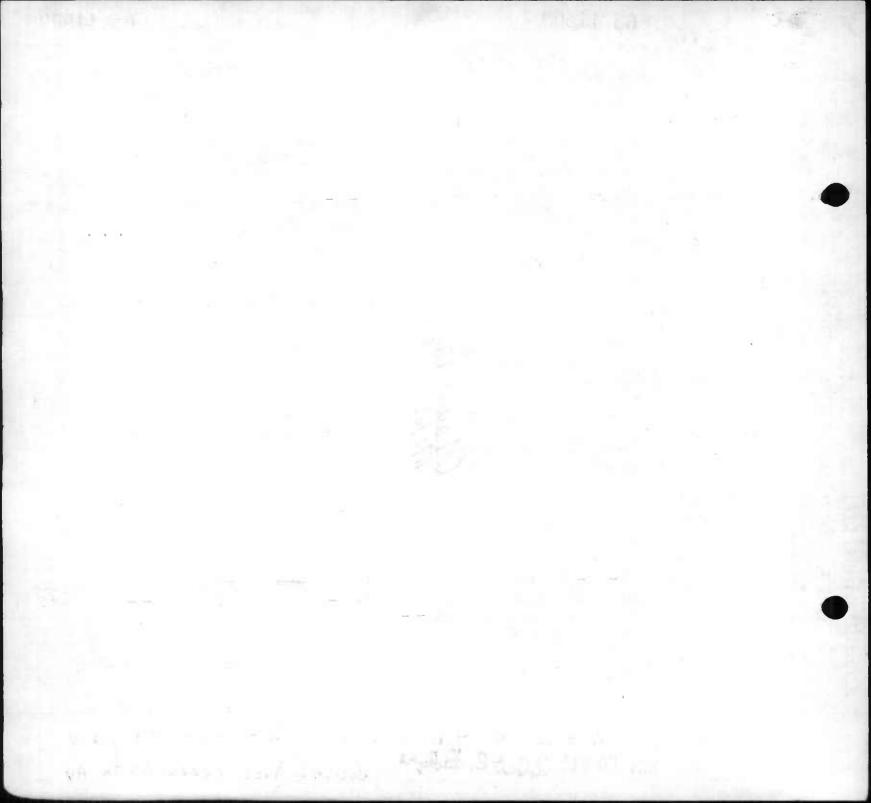


VS 150-REV. 1/1/65

South Gar Sipy 40

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH N		PD 11909	CERTIFICA	ATE OF DEATH	Registered No.	65 11599
1. NAM (Type or	E OF DECI			2. DATE AN	D HOUR OF DEATH	
		Nannie	Mary Irby	Ha Henry Propriet (W)	11-1-1965	stitution: residence before admission
» PLAC	LE OF DEA	TH IN BALTIMORE, MA	RILAND	A. STATE B. COUN	TY	stitution: residence belore admissio
FULL	NAME O	F (If not in hospital oddress or location	or institution, give street	Maryland		-0-0/
INSTI	TUTION	ougless of foculor		Baltimore (If our	side city limits, Write	RURAL ond give township)
		Baltimore Cit	y Hospitals		rurol, give location)	
		4940 Eastern	Avenue	500 North Fulto	on Avenue, 2	21223
5. SEX		Baltimore, Mar		B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Fema	ale	Negro	Never Married	8-24-1961	L.	
		PATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
Jone dur	ing most of v	vorking life, even if retired)		South Caroli	ina	U.S.A.
3. FAT	HER'S NAM	A E		14. MOTHER'S MAIDEN NA	ME	
		Mike]	Irby	Al	imeter	
5. Was	Deceased	Ever in U. S. Armed For		17. INFORMANT		ADDRESS
Tes, no	or u nkno wn)	(II yes, give wor or dote	s of service) SECURITY NO.	Records: BCH-494	O Eastern A	venue 21224
18.	P C /	7. 01	⇒ \ I CAUSE	OF DEATH		INTERVAL BETWEEN
4	DISEAS	E OR CONDITION DIE	W Killy	ns 85% of the To	tal Body	ONSET AND DEATH
		LEADING TO DEATH	dying, e.g.,	Surface		7 days
		al mean the mode of osthenia, etc. II meons	dying, e.g., the disease, death.)			
	ury ar com	plicotion which caused	death.)			
		ANTECEDENT CAUSES		**************************************	************************	
		R CONDITIONS, if above couse (A)				
		CONDITION lost.	5 33			
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ATION DI	HER SIGNI	FICANT CONDITIONS C	ONTRIBUTING THE THE			
V 19A		OPERATION THE TOPE	T. CONTINUE OF THE CONTINUE OF	20A. AUTOPSY? (Yes of No	208 IF YES WERE	FINDINGS CONSIDERED
ERTIFIC 184	4	WAS PER	FORMED	Yes Yes or No	IN CERTIFYING CA	USES OF DEATH?
U 21 A	ACCIDEN	IT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
A DE	ATH (notify	TING CAUSE OF	etc.) Home		Fulton Ave	20-01
0 210	- TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ		La Car Italia
	PROX.)	10- 25-65	8:5AM While At At Work	nile D Acaidont	and.	Just from
22	1 - att				19 6510	eaught fell
		lost saw the decease	d olive an 11-1-			11-1-(/ 19.65
					at in (my) (our) api	nion death accurred on the d
	SIGNATU		red above. (I) (We) (did) (did nat)	view the body after death.		238, DATE SIGNED
	51	1		ttending Med.	Stoff Phys.	11-1-1965
230	PHYSICIA		P	23 D. ADDRESS	Phys.	11-1-1/0/
1	NAME (T	Pes. Wayne Kle	in			
24A PI	IRIAL CRE	MATION, 24B. DATE	24C. NAME of CEMETERY of C	4940 Eastern Ave		
	MOVAL (S	ipecify)	. 1/1 / 1	1	I.J	ity, town, or county) (Stote)
	rial	11-5-4	5 MT MUDURN	Cem Ba	rimore	raryland
25A. D.	M KEC'D	nv 1 0 1965	P.O. F. E. Falleman	25C. FUNERAL DIRECTOR		No mail M.
	13	Al SA ina /	A CONTRACTOR OF THE PROPERTY O	weeph Li Kus	22 77777	J. North Ay



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	Written approval much be obtained before the remains are embalmed or find disposition is made.
	Y W	200
	vs: (D.C	-
	This the show	*11 /W
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deceased prior written approv

BALTIMORE CITY HEALTH DEPARTMENT 65 11510 Registered No.5 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 11-8-65 I. NAME OF DECEASED Gladys M. Reeves (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give streat HOSPITAL OR oddross or location) (If outside city limits, write RURAL INSTITUTION 5100 Ardmore Way (If rurol, give location) 5100 Andmore Way 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. 6. RACE lost birthdoy WIDOWED, DIVORCED (specify) Parried 12. CITIZEN OF WHAT COUNTRY? 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired) U.S.A. Bendix Radio Baltimore Md. Lerk 13. FATHER'S NAME Rosa : Schmidt yeorge 17. INFORMAN ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wer or dotes of service) SECURITY NO Michael T. Reeves - 5100 Ardmore Way No INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., healt failure, asthenia, etc. It means the disease, injuly at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 B. IF YES, WERE FINDINGS CONSIDERED 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, stroot, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct locotion) Ü 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (last sow the deceased alive on ond that in (my) (opinion death occurred on the date ond hour and from the couses stoted abave. (1) (We) (did) (did nat) view the bady after death. 23 B. DATE SIGNED 23A, SIGNATURE Attending Phys. Med Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY SB. NAMPOF EGISTRAR 25C. FUNERAL DIRECTOR REMOVAL (Specify)

John (. Miller Inc-6415 Belair Road -21206

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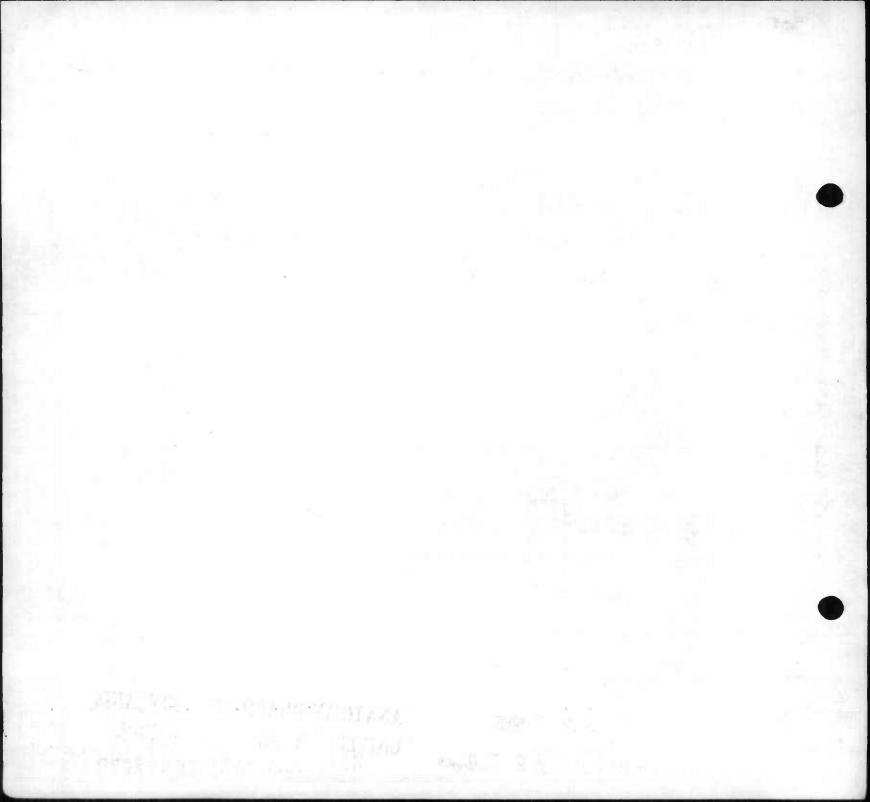
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

	65-27205	BALTIMORE CITY	HEALTH DEPARTMENT			
11	H NO. 65 11511	CERTIFICA	TE OF DEATH	Registered No.	5 11511	
1, N/	AME OF DECEASED	, , , , ,	2. DATE AN	D HOUR OF DEATH		0
	Daby (T)	irl duinh		30-65	4:45	N
3. PI	LACE OF DEATH IN BALTIMORE MARYLAND		A. STATE B. COUN	e deceased lived, If instit	lution: residence before od	mission
FI	ULL NAME OF (If not in hospital or instituti	on, give street	Manyla	nd.	90 M	14
	OSPITAL OR oddress of location)		C. CITY OR TOWN (It out	side city fimits, write RUI		- 1
9			130/+1	MOPE	2/225	
5	21 12 17.	C. man 1 1/	D. STREET ADDRESS (III	rurol, give location)	7	
5 51	outh Dalt/Mare	TELLED HE MARRIED	B DATE OF BIRTH	9. AGE (In years	If Under 1 Ye It Under	24 Hrs
J. 31		WED, DIVORCED (specify)	16 2	lost birthdoy	If Under 1 Yr. It Under Aonths Doys Hours	Min.
ink	USUAL OCCUPATION (Give kind of work 10 B, KIND	OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State of foreign	gn country)	12. CITIZEN OF	50
	during most of working life, even if retired)	0	22 1 1 4	na A	WHAT COUNTRY?	
	NE	w Born.	Daltim	OPE, Ma.		
13. F	ATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	AE /	n 1	
	Hichard du	inhan	DELO	rah /	110h 14.	
15, W (Yes,	vos Deceoted Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS	
	18. 761.01	CAUSE O	F DEATH		INTERVAL BETWE	
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	LEADING TO DEATH	(A)	nassue	, aspin	alion	
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise	e.g., DUE TO	Amniotes	- flu	a e	
	injuly of complication which coused death.)	9	1-	- Conned		
	ANTECEDENT CAUSES	(B)	Alboria	Secories	aug s	
	DISEASES OR CONDITIONS, if ony, give	/ >	flacental	· talles	me	
	uise to the obove cause (A) stoling UNDERLYING CONDITION lost.	the (C)	$ \frac{1}{2} \cos \phi + \frac{1}{2} \cos \phi +$			
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Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING				
ATIC	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE				
TIFIC/	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN		-
RT	WAS PERFORMED		ES	IN CERTIFIEND CAUS	ES OF DEATH?	2
Ü	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID	(It in Boltimore C	City, give exact location)	
	DEATH (notify medical examiner)	etc.)				
		21 E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?		
>	OF INJURY (APPROX.)	While At Work At Work				
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1 1	22. I certify that (this hospital) attended		4	9 65 to / C		65
	that (me) lost sow the deceased alive	on	19 6 5 and the	ot in 🚮 (our) opinio	on deoth occurred on t	he dat
	ond hour ond from the causes stated above	e. (1) (We) (did) (did not) .	view the body ofter deoth.			
	23A. SIGNATURE	2)			3B. DATE SIGNED	
	Allunghe	M.D. Att	ending Med. Director	Stoff Phys.	11-1-65	/
	23C HYSICIAN'S NAME (Type)		23D. ADDRESS		-// - T ×	
	DD 7 1077777777	M.D.	Couth Bobto I D	D OF MARY	THANDA - C+	
24A.	DR. J. MUNZNEI BURIAL CREMATION, 248 BATE	NAME OF CEMETERY ACT	MARKET YELL	CATION (City.	town, or county)	(Stote)
	REMOVAL (Specify)	5 All	THE CAME IN C.		1001	
25.4		TIN	IVERSITY ME	DICAL SCI		
25A.	THE PARTY OF THE P	MELOF REGISTRAR	MORTIARV	CEDVICE	DCHD:	
	NON IN 1900 Of Per D. S.	Torroso, J.	MONTOANI	SERVICE -	BUILD	
VS 1	50-REV. 1/1/65					



	15-29175		Y HEALTH DEPARTMENT	Registered Na.	5 4451
	H NO. 75	CERTIFICA	ATE OF DEATH	Registered Na. 1	ALUE!
1, N.	AME OF DECEASED		2, DATE AND H	HOUR OF DEATH	
Туре	"BABY GIRL PRICE			65 4-04	1/13
3. PL	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	eceosed fived, If insti	itution; residence bet
	ULL NAME OF (If not in hospital or institution, gr	ve street			Balta
	OSPITAL OR oddress or location)		C. CITY OR TOWN (If outside	city limits, write RU	RAL ond give towns
1	LINION MEMORIAL		D. STREET ADDRESS (If rurol		X - 141x
			JIRELI ADDRESS	, give locollon	/ -53
5. SE		VEVER MARRIED			If Under 1 Yr. If Months: Doys Ho
		DIVORCED (specify)	0 11-4-65	birthdoy)	Violentis Doys Hot
	USUAL OCCUPATION (Give kind of work 10 B. KIND OF I	BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNT
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13. F	ATHERS NAME		14. MOTHERS MAIDEN NAME		1 /
	HOWARD PRICE		Patricia	- >pu	RgILL
S. W	Vos Deceosed Ever in U. S. Armed Forces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 76 3.5	CAUSE	OF DEATH		INTERVAL ONSET AN
	DISEASE OR CONDITION DIRECTLY		0	, ()	
	LEADING TO DEATH	(A)	1. neu mona) (.	
	(This does not mean the made of dying, e.g.,	DUE TO		. 5 - 0 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
	hearl failure, asthenio, etc. It means the disease, injury or complication which coused death.)		h1	1	
	ANTECEDENT CAUSES	(B)	Pren aturi	14	
		DUE TO	/		
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the	(C)			
	UNDERLYING CONDITION last.	w www sound to to \$ 600 dat			
_	-11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	0.4	1 . 7- 00		
	DISEASE OR CONDITION CAUSING IT.	prema	20 A. AUTOPSY? (95) or No! 2	pris	HOINGE CONSTRU
TIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR W	HIGH OPERATION	ZUA. AUTUPSTITIES OF NO.	OB. IF YES, WERE FIR N CERTIFYING CAUS	SES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INITIBY (e.n.	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact loc
	OR CONTRIBUTING CAUSE OF home etc.)	, form, foctory, street,	office bldg., INJURY OCCUR?		,,
0			015 1/2		
MED	OF INJURY	INJURY OCCURRED e At Not Wh	21F. HOW DID INJURY	OCCUR!	
<	(APPROX.) Work		k L		
	22. I certify that (I) (this hospital) attended the	e deceased from	NOV 4 196	e.5_ to	
	that (l) (we) last saw the deceased alive an	1/11/	19 65 and that I	In (my) (pur) apini	an death accurr
				miny, (aor) aprili	and decom
L	and haur and fram the causes stated above. (1) 23A. SIGNATURE	("e) (aid) (dld not)	view the bady after death.	T-	238. DATE SIGNED
		M.D. A	ttending Med. Sto		11-4-6
	mardile Buss	Ph	nys. Director Phy	· s.	4 - 6
	MARDELLE M. BUSS		23 D. ADDRESS		
	MARDELLE M. BUSS	M.D	UNION MEMO	RIAL HOSP	ITAL
24A					
2-77-11	BURIAL CREMATION, 248. DATE 24C NA	ME of CEMETERY	BANK JOHN A IS 1) FIRST 19 C.	WAY BOY	fown, of Grunty)
	BURIAL CREMATION, 24B. DATE 24C. NAI	ME OF CEMETERY A	MIONIY BOARDS	OF MARY	L'AND unity)
	REMOVAL (Specify)	LIN	LVER SURVE DIRECTOR	OP MARY	LAND
	NOV 8 1965 DATE REC'D BY HEALTH DEPT. 25B. NAME OF	F REGISTRAR UN	WINNY BOARDS	OF MARY CAL SCHO SERVICE	LAND
25A.	NOV 8 1965	F REGISTRAR UN	MORTUARY	OF MARY CAL SCHO SERVICE	CAND ONLY BOHD

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BALTIMORE	CITY	HEALTH	DEPARTMENT

No.65	115	1
	No.65	No.65 115

BIRTH NO. M.E. CASE NO. 65 11513	CERTIFICA	TE OF DEATH	Registered No.	55 11513
T. NAME OF DECEASED Garland	, norman		M 5 146	T 1 1:45 DA
FULL NAME OF HOSPITAL OR Oddress or location) Mercy Lorp. Die.	D /	A. STATE B. CO	outside city limits, write R	stitution: residence before admission URAL and give township)
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) ND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH 11. BIRTHPLACE (State or	9. AGE (In years last birthday) foreign country)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
dane during most of working life, even if retired)		14. MOTHER'S MAIDEN	NAME	WHAT COUNTRY?
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war ar dotes af se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the di injury or camplication which caused death, ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.	e.g., DUE TO (B) DUE TO giving	Bollmic	ul will	ONSET AND DEATH G Chy Undeilennen
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? Yes or	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, a etc.)	n ar about 21 C. WHERE DIE ffice bldg., INJURY OCCUR	(If in Saltimare	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hau OF INJURY (APPROX.)	While At Nort While Work At Work	le 🖳	INJURY OCCUR?	
22. I certify that (1) (this hospital) attention (1) (we) lost sow the deceased aliv	e an Mors			19 Of
23A. SIGNATURE Light Man 23C. PHYSICIAN NAME (1900)	1.0	ending Med.	Stoff Phys.	238. DATE SIGNED NOT. 6, 1965
24A. BURIAL CREMATION. 24B. 101 8	965 AME OF CEMETERY OF CR	COMY BOARD	OF MAKYL	OLwn, or county) (State)
NOV 10 1965 Rept. 258.	ANG OF REGISTRAR	MURTUAR	SERVICE	ADDRESS RCHD

VS 150-REV. 1/1/65

3

A Mirry Hosp die Brille Md Regard fortune with begater ananthering linder mars again 2 10 1100 Ruperts Manantist. Ruperts Frances

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Deceased

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death

IMPORTANT DIRECTOR: FUNERAL

the chief medical

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH Registered No. Such M.E. CASE NO. on th I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Washington Fox October 23, 1965 9:30 death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived. If institution: residence before admission) attendance Maryland FULL NAME OF (II not in hospital or institution, give street oddress or location) C. CITY OR TOWN (II outside city limits, write RURAL and give township) 9 INSTITUTION Baltimore City Hospitals Baltimore prior 4940 Eastern Avenue D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 21224 21231 is made. 227 S. Broadway regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. Hours deceased WIDOWED, DIVORCED (specily) lost birthdoyl 8-14-1895 Male Single White 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? = U.S.A. Maryland Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death LO 15, Wos Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL or final SECURITY NO. attendance RECORDS: BCH 4940 Eastern Avenue 21224 pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH 15 Years Chronic Lung Disease (This does not mean the mode of dying, e.g., embai heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) Emphysema ANTECEDENT CAUSES Who DUE TO are DISEASES OR CONDITIONS, if any, giving (c) Chronic Asthma rise to the obove couse (A) stating the physician remains UNDERLYING CONDITION lost. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes on Ho 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the before 218. PLACE OF INJURY (e.g., in or obout 27C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where (If in Boltimore City, give exact location) Ŷ DEATH (notify medical examiner) etc. MEDI obtained 21 D. TIME (Month) (Doy) (Yearl (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) At Work Work and October 18. October 23. 22. I certify that (I) (this hospital) attended the deceased fram. October 23, 65 pe that (I) (we) last saw the deceased alive an and that In(my) (aur) apinian death occurred an the date death) hospital and hour and fram the causes stated above. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Med. Stoff Phys. October 23, 1965 prior to Director approval 0 23C. PHYSICIA (Type) 23D. ADDRESS 4 4940 Eastern Harry Dean Albert tingna, Maryland 21224 D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET eceased REMOVAL (Specily)

25A, DATE REC'D BY HEALTH DEPT.

VS 150-REV, 1/1/65

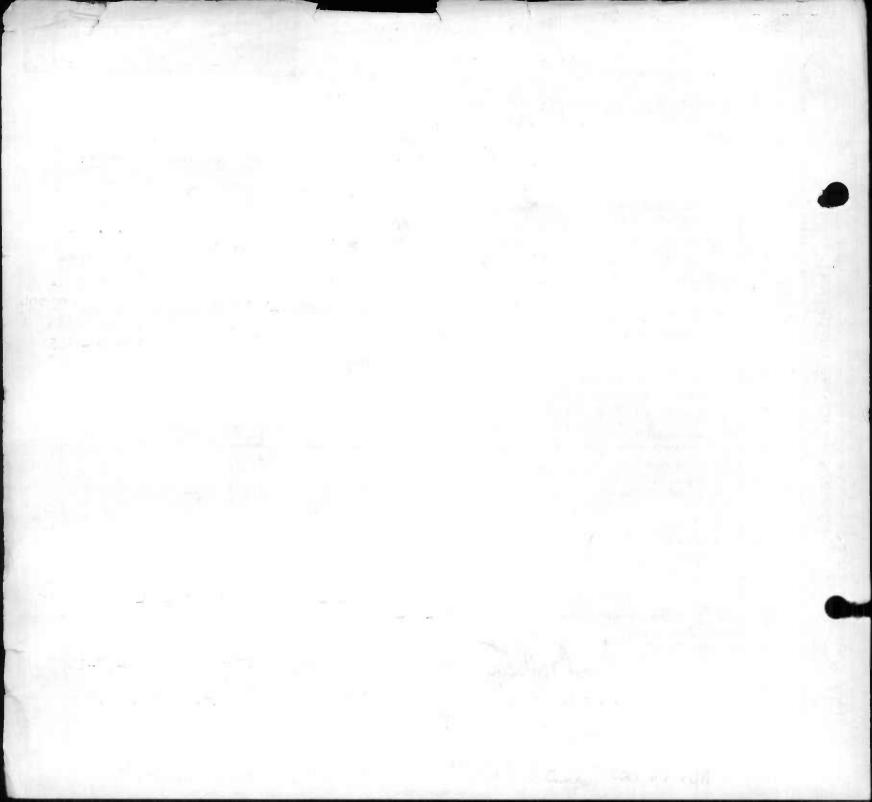
25B. NAME OF REGISTRAP NIVER BE. Farburns

MORTUARY SERVICE

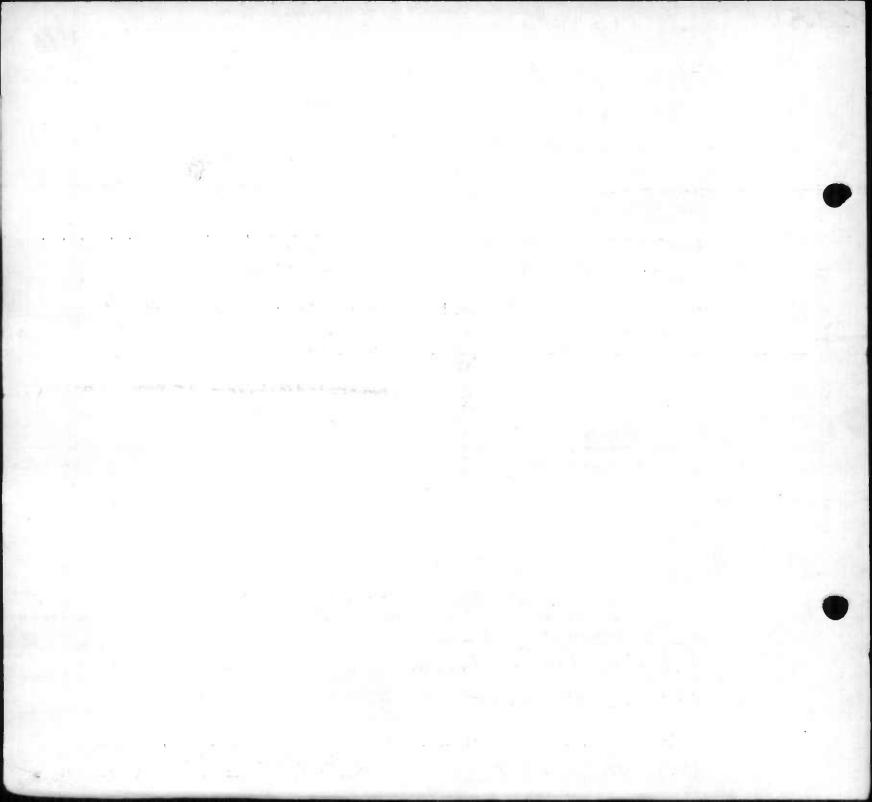
ADDRESS

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

M-11	/ A	BALT		ARTMENT		05 11515
BIRTH NO.	95 115	15 CERTIFIC	LATEO	FDEATH	Registered No.	65 14515
M.E. CASE NO. 1. NAME OF DECEA Type or Print)					D HOUR OF DEATH	
		Ida Miller			10-25-65	1:30 F
FULL NAME OF	(If not in hospital or i		A. STAT	yland	e deceased lived. If in: TY	stitution: residence before admissio
HOSPITAL OR	oddress or location)		C. CITY	OR TOWN (If out	side city limits, write R	URAL and give township)
1		City Hospital:		timore		
1	4940 Easte				rural, give location)	03.03.0
a a b	Baltimore,	Maryland 2122	B. DATE	9 Hennema	n Avenue 9. AGE (In yeors	2 2 3 If Under 1 Yr. If Under 24 H
Female	Negro D	widowed, DIVORCED (specify) ivorced	6-1	.2-12	lost birthdoy) 53	Months Doys Hours Min.
	AMON (Give kind of work) 101 king life, even if retired)	B. KIND OF BUŜINESS OR INDU		Virginia	3.	U.S. A.
3. FATHERS NAME	Willi	am Stocks	14. MOT	HER'S MAIDEN NAM		rude Morris
	er in U. S. Armed Forces'		17. INFO	MANT		ADDRESS
	,, ,	3200000	Rocci	de BCH lu	940 Easter	n Avenue 2122
18./ 0 9	21	CAUS	E OF DEATH	U.S. DULLES	y-to has tell	INTERVAL BETWEEN
DISEASE	OR CONDITION DIREC	TLY				ONSET AND DEATH
LE	ADING TO DEATH	(A) C	arcinoma	tosis		January-1965
	mean the mode of dy	ring, e.g., DUE TO				
	thenia, etc. It means the ication which coused de					
AN	TECEDENT CAUSES	(8)				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
DISEASES OR	CONDITIONS, if any	DUE TO				
rise to the	above cause (A) sle			. u u D Omu u u 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		,
UNDERLYING	CONDITION last.					
	II II					
E TO THE DEA	ANT CONDITIONS CONTH BUT NOT RELATER					
DISEASE OR CO	ONDITION CAUSING IT.	TON FOR WHICH OPERATION	126Α	LITORSY2 (Yes or No	1 208 IE VES WERE	INDINGS CONSIDERED
E STATE OF O	WAS PERFOR				IN CERTIFYING CAL	JSES OF DEATH?
S ACCIDENT	WAS UNDERLYING	218 BLACE OF INTERVA	a is at about	YES	III in Relaimen	City, give exact location)
OR CONTRIBUTI	WAS UNDERLYING OF CAUSE OF edical examiner	218. PLACE OF INJURY (chome, form, foctory, streetc.)	et, office bldg.,	INJURY OCCUR?	tir in oginmore	City, give exect locomoni
W OF INTIERY	Month) (Doy) (Year) (Hour 21E INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?	
€ (APPROX.)			While Work			
22 1	. (1) (.1)				10 (5 . 30	05 10/5
1		ittended the deceased fram	10-	7=	1 - 0 - 10 - TO-	251965
that (I) (we) la	ist saw the deceased (alive an	19	65 and th	at in (my) (aur) api	nian death accurred an the d
and haur and f	ram the causes stated	abave, (I) (We) (did) (did n	at) view the	body after death.		
23A. SIGNATURE	1					238. DATE SIGNED
10.00	2-1561	M.D.	Attending Phys.	Med. Director	Stoff Phys.	10-25-1965
23C. PHYSICIAN			23D. ADD			
NAME (Type	NALD BALTZAN		M.D.1.940	Fostonn	Assonate Page	Mimono Manarlar
			1740	THE THE	INCAPA DIA	more, Marylar
24A. BURIAL CREMA REMOVAL (Spe	ecity)	24C. NAME of GENETARY O	MANYJON	UAND		ty, town, or county) (State
	BIOW O	10AS	DCITI	MEDICA	SCHOOL	
25A. DATE REC'D 8	Y HEALTH DEPT. 25	1965 B. NAME OF REGISTRAIN V	M 31 Isd.	FUNERAL DIRECTOR		ADDRESS
NOV 10	1965 A A &	I falled a	MUR	UARY SI	RVICE -	BCHD
437 4 5 34 6 6 6	THE RESERVE THE PARTY OF THE PA	A TAXABLE CONTRACTOR OF THE PARTY OF THE PAR			TENT A TIME	C/



	0- 11-	BALTI	IMORE CITY	HEALTH DEPARTMEN	IT	
BIRTH NO.	65 115	16 CER	TIFICA	TE OF DEAT	H Registered No	CE 44540
A.E. CASE NO.	CED				E AND HOUR OF DEAT	00 11016
F D.i . 4)		R			. 5-65	1 450
PLACE OF DEAT	FLORENCE H IN BALTIMORE, MA	RYLAND	_			institution; residence before admission)
				A. STATE B. C	COUNTY	
FULL NAME OF		or institution, give street		MARYLAN		
HOSPITAL OR	oddress or locotion	n)				e RURAL and give township)
2	,	^	. (BALTIMOR		
LUTHERAN	HOSPITT	L of MARG	LANS	D. STREET ADDRESS	(If rurol, give location)	
		/		3908 MAI	NE HUE	
SEX 6	RACE	7. MARRIED, NEVER MAI	RRIED C (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE	WHITE	WIJOWED		12-6-75	90	
		108. KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	rking life, even if retired)			Westmins	ster, Md.	
At H				14. MOTHER'S MAIDEN		XIXX. U.S.A.
	Leonard Z			Mary	Miller	
. Was Deceased E	ver in U. S. Armed Fo If yes, give wor or dot	rces? 1 6. SOCIAL s of service) SECURIT	n Nq	17. INFORMANT		ADDRESS
No		None		Margaret L	. Zepp 3908	Maine Avenue
110		3 (1)	CAUSE O		· FF	INTERVAL BETWEEN
200	OR CONDITION DE	SCHA O VIET	2	*		ONSET AND DEATH
	EADING TO DEATH	KECILL A	0	Mena men		
(This daes nat	mean the made at	dying, e.g.	DUE TO	7	~~~	
heart failure, a	sthenia, etc. It means lication which coused	the disease	_		1	
	NTECEDENT CAUSES	1 1/2/	(B)	- UNICON - CE - 10	Care 1	THE STATES
		2010	DUE TO	- C C	1 1	
DISEASES OR	CONDITIONS, if abave cause (A)	stating the	in V	calcetis Me	ellitus:	
	CONDITION last.	12	(0)			
	Ш					
OTHER SIGNIFI	CANT CONDITIONS (ONTRIBUTING				
OTHER SIGNIFITO THE DEA	ATH BUT NOT REL	ATED TO THE				
	PERATION 198. COL	IDITION FOR WHICH OPER	RATION	20A. AUTORSY? (Yes	or No. 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
0	WAS PE	PORMED		no	III CERIIFIING	AUSES OF DEATH:
J 21A. ACCIDENT	WAS UNDERLYING	21B. PLACE OF	INJURY (e.g., i	or obout 21 C. WHERE D	OID (If in Battim	nore City, give exact location)
	ING CAUSE OF checked control	etc.)	ory, sireet, o	fice bldg., INJURY OCCU	/ N.:	
21 D. TIME (Month) (Day) (Year)	(Hour) 21E INJURY OC	CHERED	21E HOW DI	D INJURY OCCUR?	
OF INJURY	retollin (Day) (Teon	While At	Not Whil		D INJURI OCCUR:	
(APPROX)		Work	At Work			
22. I certify t	hat (1) (this hospita	l) attended the decease	d from	- > /	19 9 1 10	11 - 5 1965
that (1) (we) 1	ost sow the deceas	ed olive on	50 Dan	19 65 01	nd that in (my) (our) o	pinian deoth occurred on the dot
23A, SIGNATUR		ted obave. (I) (We) (did	/ (ulu not) (Tem The Dudy Offer de		23B, DATE SIGNED
1/1/	1. 0. (1	(and to t	M.D. All	ending Med.	Stoff A	
Clar	green (Courant		s. Med. Director	Phys.	11-5-45
PAME (Typ				23D. ADDRESS		
SAMI	LEL 100	PAKOV	M.D.			
4A. BURIAL CREM	ATION, 24B. DATE	24C. NAME OF CEM	AETERY of CR	EMATORY 2	4D. LOCATION	(City, town, or county) (Stote)
REMOVAL (Sp		T 317			TIT 4	. Manuals 1
Burial 5A. DATE REC'D B	11/8/6	Westmin		emetery 2500 FM PERAL DIRE		er, Maryland
MONE RECOR	MACIN DEFI.	NAME OF REGISTRA	R	ELWINON	A Numecust	
NUV 11	1965 (7.0	1 & Jalouna	4	Ellsworth	Armacost' 46	00 Liberty Heights
/S 150-REV. 1/1/65		A	EAST TO THE	7.4	1.	



(4) Undetermined cause; (5) Deceased prior contributing deceased prior to death); and (6) No physician was in regule. withen approval must be obtained before the remains are embalmed or final disposition is made. regular death An accident of any nature; (2) Body to the hospital by the body was released was D.O.A. shows: (1)

BIRTH NO.

5. SEX

M.E. CASE NO.

FULL NAME OF HOSPITAL OR INSTITUTION

Female

6. RACE

White

5300 Lynview Avenue

(If not in hospital or institution, give street

Such

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a hospital

cause

or a	i I dama	BALTIMORE	CITY	HEAL1	H DE	PARTA
65 1	LOA.	CEDTIE	CA	TE C)E	DEA

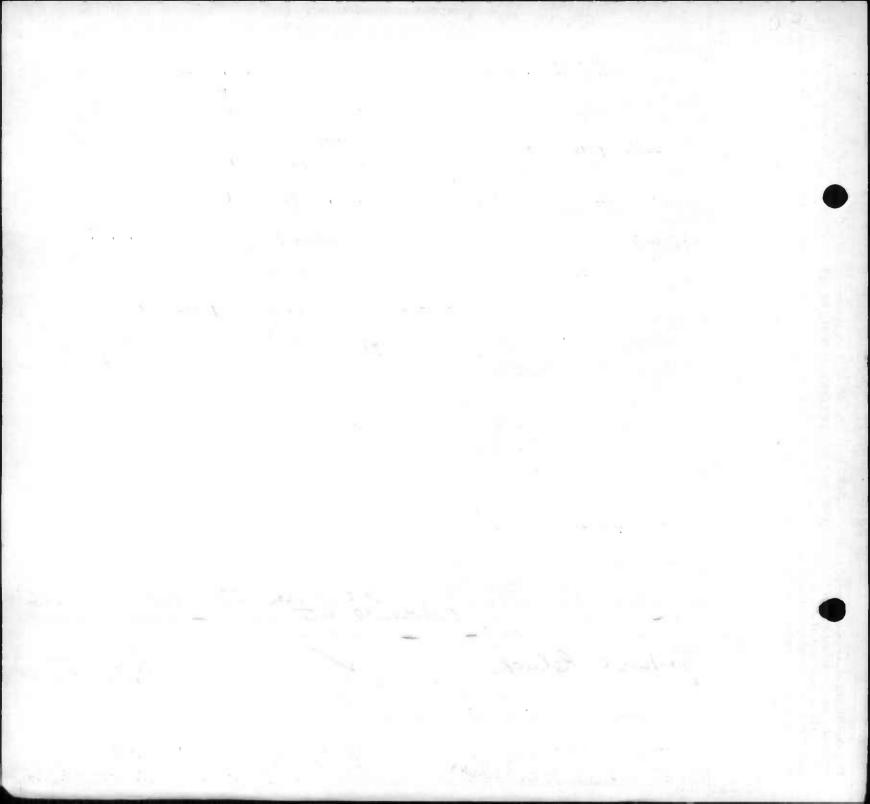
7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)

Married

CEDTIEIC	ATE	OF	DEA	TH

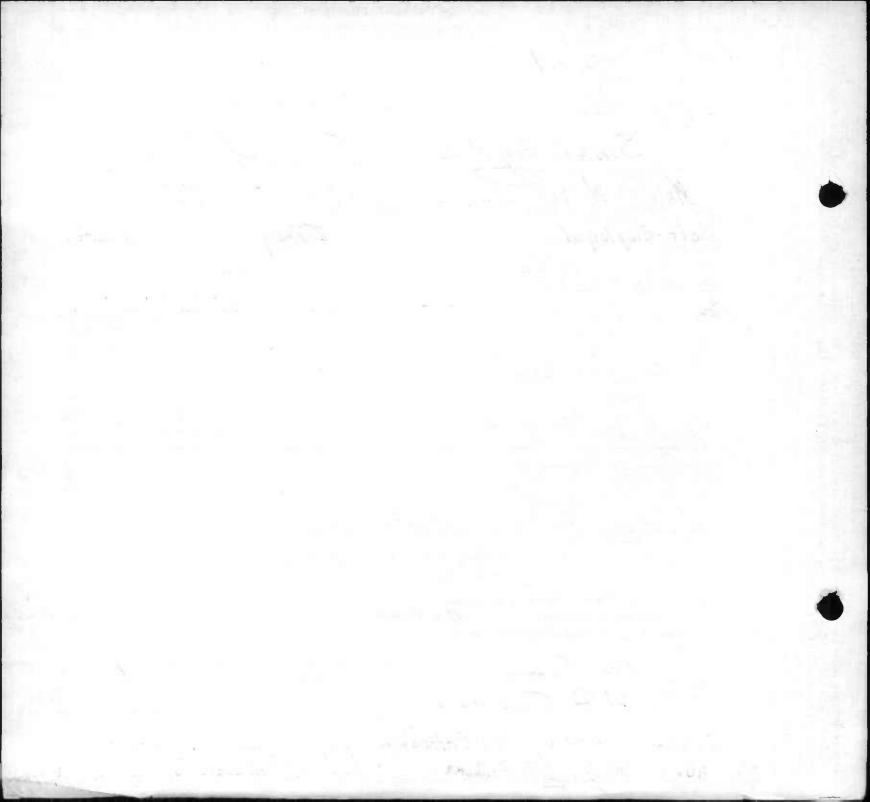
HEALTH DEPARTMENT	
TE OF DEATH Registered N	0.65 11517
2. OATE AND HOUR OF DEA	TH
Nov. 8, 1965	M.
4. USUAL RESIDENCE (Where doceosed lived. I	
Maryland Baltimore c. city of 10wh (If outside city limits, wri	
C. CITY OR TOWN (If outside city limits, wri	te RURAL ond give township)
Baltimore	28-31
Baltimore O. STREET ADDRESS (If rurol, give location)	
5300 Lynview Avenue	
8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Ooys Hours! Min.
May 2, 1894 71	Monnes Coys 110015 1741116
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Germany	U.S.A.
14. MOTHER'S MAIDEN NAME	
Unknown	
17. INFORMANT	ADDRESS
Soseph Gran 5300 Lynvie	ew Avenue
F DEATH	INTERVAL BETWEEN ONSET AND DEATH
A.S.H.D	0
M. J. IT-12	2 year

	USUAL OCCUPATION (Give kind of work 10 B, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	At Home		Germany		U.S.A.
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	E	
	Dross		Unknown		
5.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown){(If yos, givo wor or dotos of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No		Soseph Gran 530	00 I	Arromuso
-	18. 1/ 20 0	CAUSE O		o Lynview	INTERVAL BETWEEN
	420,0				ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	440	A.S. H-1)		2 year
	(This does not meen the mode of dying, heart failure, asthonia, etc. It means the dis injury at camplicotian which coused death.)				
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, g				
	rise Ia the abave couse (A) stating UNDERLYING CONDITION lost.		AAAAAAAAAA	100000000000000000000000000000000000000	
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
ERTIFIC	19 A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE OID fice bidg, INJURY OCCUR?	(If in Boltimore	City, give exact location)
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW OID INJUI	Y OCCUR?	
×	(APPROX.)	While At Not While Work At Work			
	20 1 1 1 1 1 1 1 1 1 1 1 1		December 19	57 1	5. 8 .65
	22. I certify that (I) (this hospital) attend				00.8 1960
	that (1) (we) last saw the deceased alive	an CCTC JUL	- 30 19 90 and that	in (my) (***) apini	ian death accurred an the da
	and haur and fram the causes stated aba	ve. (1) (#e) (did) (d id no t) v	iew the bady after death.		
	23C. PHYSICIAN'S NAME (Typo) Julius C. Julius C.	M.D. Atte		off hys.	11965
	23C. PHYSICIAN'S NAME (Typo)		23 O. ADORESS		, ,
	Julius C.	iluck. M.O.	5356 Reisters	town Road	
24/	BURIAL CREMATION, 24B. DATE 24B. PATE	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (Stote)
C	remation 11/11/65	Loudon Park Cre	ematory Ba	altimore, A	Maryland
25/	. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	200 EUNERAL DIRECTOR	1 V	AODRESS
	NOV 11 1965 P.O. B. E.	Farbuma .	Ellsworth Arm	acost 4600	Liberty Heights
			Maro WOL CIT WILL	1000	Troct ch Herbites



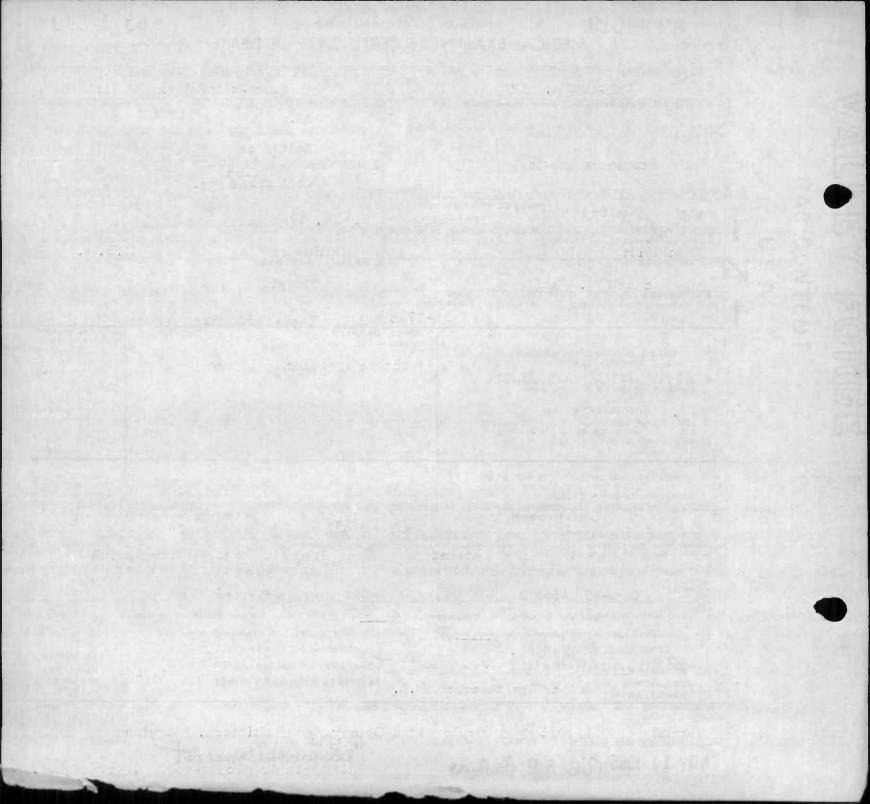
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 11511	R CERTIFICA	TE OF DEATH	Registered No.	11518
M.E. CASE NO.	2		ND HOUR OF DEATH	
(Type or Print) JAMES VF	rano	11/8	3/65	10:30 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	titution: residence before admission
FULL NAME OF (If not in hospital or institution)	itution, give street	Maryland C. CITY OR TOWN (If or	utside city limits, write R	URAL ond give township)
INSTITUTION		Einks	Luce Il	510-00
DINAI HO	SpITAL	D. STREET ADDRESS (III	rurol, give locotion)	Camp
6. SEX / 6. RACE / 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under Yr. If Under 24 Hrs Months; Doys Hours Min.
MAle White	MALKIUS	10/8/90	lost dirindoy/	World Poors
IDA, USUAL OCCUPATION (Give kind of work 10B, Ki		11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Self-Employed		ITALU		U.SA.
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
Unknown			Unknown	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (III yes, give wor or dotes of se	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Finlanh	ADDRESS
lac lac	218-32-2482	Adelina Prano	Finksbur Hillendale	rg, Mu. Trailer Camp
18. 422.11	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1		/ /	ONSET AND DEATH
LEADING TO DEATH	(A)	Viseane.	ic coud Nas	cular 7/VK
(This daes not meen the made of dying heart foilure, asthenia, etc. It meens the d	, e.g., DUE TO	disease.		
injury as camplication which coused death.	.)			
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony,				1 0
rise la the above couse (A) statin UNDERLYING CONDITION lost.	g lhe (C)		+00 000 00 00 00 00 00 00 00 00 00 00 00	
Z CONTRACTOR CONTRACTOR CONTRACTOR				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSYTTES OF N	IN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, larm, factory, street, o	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact locations
DEATH (notily medical examiner)	etc.)			
21D. TIME (Month) (Doyl (Year) (Hou		21F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At At Work			
22. I certify that (I) (this hospital) atte	nded the deceased from		.19ta	19
that (I) (we) last saw the deceased ally	11/0/1	10 and 1		ian death accurred an the day
				ion death accorred an the da
and have and from the causes stated ab 23A. SIGNATURE	ave. (i) (#e) (ala) (ala nat) v	new the bady after death.		23B. DATE SIGNED
ALL P	M.D. Att	ending Med.	Stoll	230. DATE SIGNED
ma surcession	Phy		Phys.	10/8/65
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
H 9 Co	RMAN M.D.			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (City	y, town, or county! (State)
BURIAL 11-13-6	New CAthedroL	Ra	ltimor e, Ma	ryland
25A. DATE REC'D BY HEALTH DEPT. 25B. N		250 FUNERAL DIRECTO	Robert Can &	ADDRESS
NOV 11 1965 (P.O., FI &.	Farburne !	Ellsworth Ar	maoost 4600	Liberty Heights
/S 150-REV. 1/1/65			1	



Z-100

	65 11518		BALTIMORE CITY HEA				65 11515	3
BIR	TH NO.	MEDICAL EX	KAMINER'S C	ERTIFICAT	re of D	EATH Registe	red No.	
_	E CASE NO.				TO DATE AND	HOUR PRONOUNCE	CD D14D	
	ne or Printl	ARD A. ZAPF				ber 6, 196		
3. (LACE IN BALTIMORE, MAR		UNCED DEAD	4. USUAL RESID			itution: residence before odm	ission)
FU I HO IN S	L NAME OF (IF NOT SPITAL OR ADDRESS	IN HOSPITAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOV	VN (If outside	1	RURAL and give township)	
10	St. Agne	s Hospital		D. STREET ADDI	Baltimore Dua	1/	2-01	
-	-V				4132 XXX	M& Ave.		
5. S	nale 6. RACE white	WIDOWED,	, NEVER MARRIED DIVORCED(specify) [arried m	July 16,		9. AGE (In years last birthday) 26	Months Doys Hours	
	. USUAL OCCUPATION (Give during most of working life, eve		F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE		country)	12. CITIZEN OF WHAT COUNTRY?	
	Machinist			Balti			U.S.A.	
13.	FATHER'S NAME			14. MOTHER'S M	AIDEN NAME			
15	Richard V	V. Zapf	16. SO CIAL	17. INFORMANT	Harris		ADDRESS	
(Yes	, no or unknown) (If yes, give	wor or dates of service)	SECURITY NO.					
	No		219-34-1716	Shirley Z	Capf-413	2 Duane A	venue # 25	
	18. E 823.4		CAUSI	E OF DEATH			ONSET AND D	
	DISEASE OR CONS	DITION DIRECTLY	Fract	ture dislo	cation o	fneck		
	(This does not meon the heart foilure, osthenia, etc	. It meons the disease,	DUE TO	care arsio	Cacion o	I HECK		
	injury or complication whi	ch coused deoth.)						
	ANTECENDER DISEASES OR CONDIT	IONS, IF ANY, GIVING	(B)		••	·		
	RISE TO THE ABOVE CA	USE (A) STATING THE ON LAST.					420 4 14 3	
O			{C}	***************************************	••••••			01100000000
CERTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO						
ERTI	19A. DATE OF OPERATION	198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY			NDINGS CONSIDERED	
	2	WAS PERFORMED		yes		Ye	s \approx	04
EDICAL	21 A. EXTERNAL CAUSE WA UNDERLYING TOR CONTRIC UTING CAUSE OF DEAT	B- hom	PLACE OF INJURY (e.g., e, form, foctory, street, street	office bldg., INJURY	OCCUR?		th Bend Rd.	
Σ	21 D TIME (Month) (E		21E. INJURY OCCURRED		OW DID INJUR	Y OCCUR?		
	(APPROX.) 11-6-6	5 4:50 P m.	WHILE AT NOT	WHILE XX a	uto off	road		
	22. I certify that I ha	eld on Inquiry	Inspection Au	topsy X one	that on this	basis, deoth In m	ny opinion	
	resulted from: N	lotymol couses	Accident X Suicid	le Homici	de 🗌 Un	determined monne	er 🗌	
	ACTUAL	121/ 5	- /		EDICAL EXA		DATE SIGN	ED
	SIGNATURE	1000	M.D	ASSISTANT M			1-7-65	
	EXAMINER'S R	udiger Breit	enecker, M.D.	ASSOCIATE M	EDICAL EXA	MINER		
		B, DATE 2	C. NAME of CEMETERY	or CREMATORY	23 D. LO	CATION (City,	town, or county) (Sto	ote)
24/	Burial 1	1/10/65	Druid Ridge	Cemetery	Balti	more, Ma		
244	NOV 11 1005	248, NAME	OF REGISTRAR	COLSE	WORLD	must	ADDRESS	
145	MOV 11 1903 ()	Colesto E. ta	obsept 1	Ellswo	rth Arn	nacost-460	0 Liberty Hgh	ts.Ave
VS	151-REV. 1/1/65 N	05.2			- bend			170



of death Deceased

cause; (5)

Such

prior to death.

	BALTIMORE CI	TY HEALTH DEPARTMENT
	H NO. 65 11520 CERTIFICA	ATE OF DEATH Registered No. 65 11520
1. N	AME OF DECEASED OF OF PRINTING LAIN ESSENWEIN	2. DATE AND HOUR OF DEATH 11/9/65 //LPM 11.10 P M.
37	FULL NAME OF (If not in hospital or institution, give street oddress or location) NSTITUTION The Johns Hopkins Hospital	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give location) 2114 EAST FAYETTE STREET
5. \$	MAIR 6. RACE White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 73 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST) - during most of working kite, even it retired) FATHER'S NAME WILHELM ESSENWEIN	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME WILHELMINA SCHULTZ
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 2/3-34-030	17. INFORMANT 2114 DESSS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplicotion which caused deoth.)	a of Esophagus 18 mms
	ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the (C) UNDERLYING CONDITION last.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or CONTRIBUTING CAUSE OF home, form, foctory, street,	g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?

MEDICAL etc. DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While At Work (APPROX.) Q 22. I certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) apinlan death accurred an the date that (H) (we) last saw the deceased alive an and haur and fram the causes stated abave. (J) (We) (did) (did not) view the bady after death. 23A. SIGNATUR 23 B. DATE SIGNED Atlending Phys. Med. Director Stoff M.D. Phys. 23 C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS Ba S 6 E M.D. 14. 5 24A. BURIAL CREMATION, or CREMATORY 24D. LOCATION (City, town, county) (Stote)

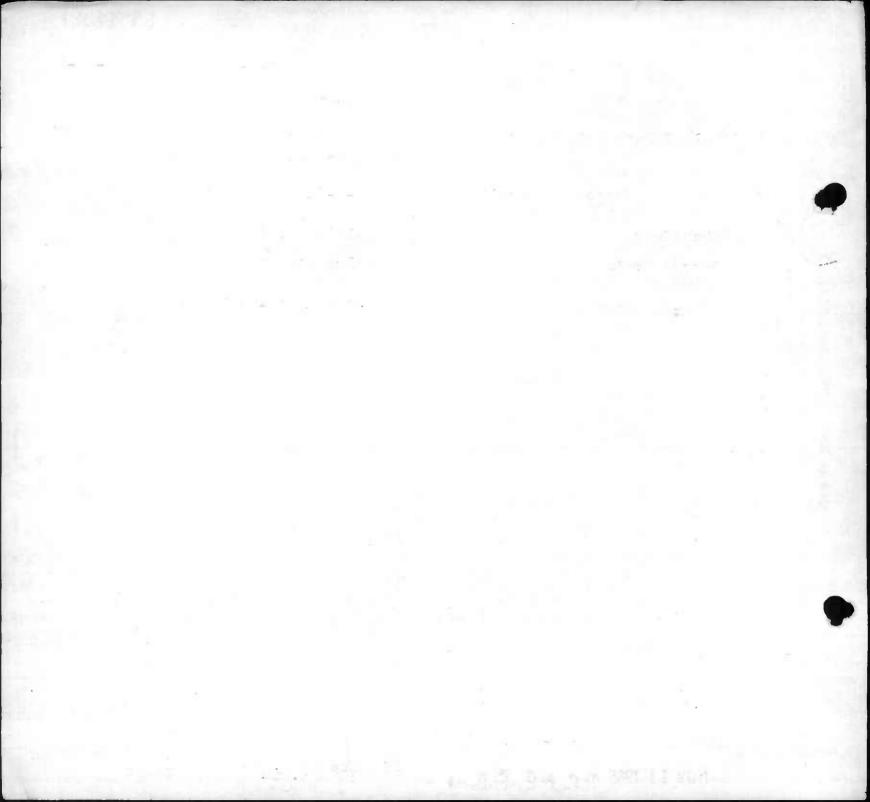
ADDRESS

VS 150-REV. 1/1/65



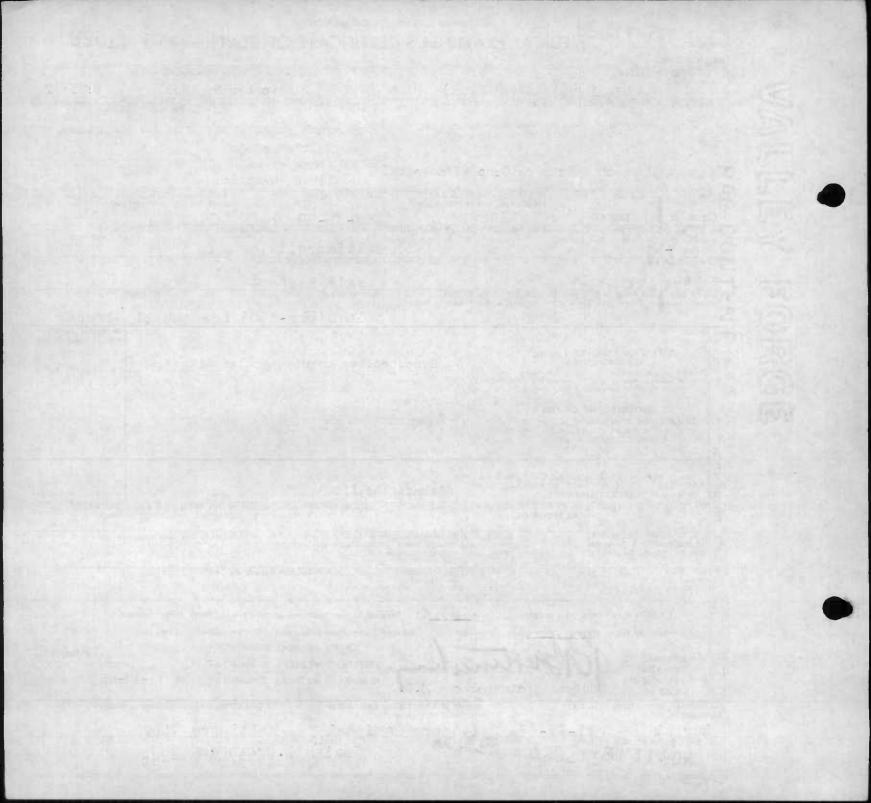
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FUNERAL DIRECTOR: IMPORTANT	6 5	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	0	-	D
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7	E.E	fr	9	56	0
S	X	A	3	7	10
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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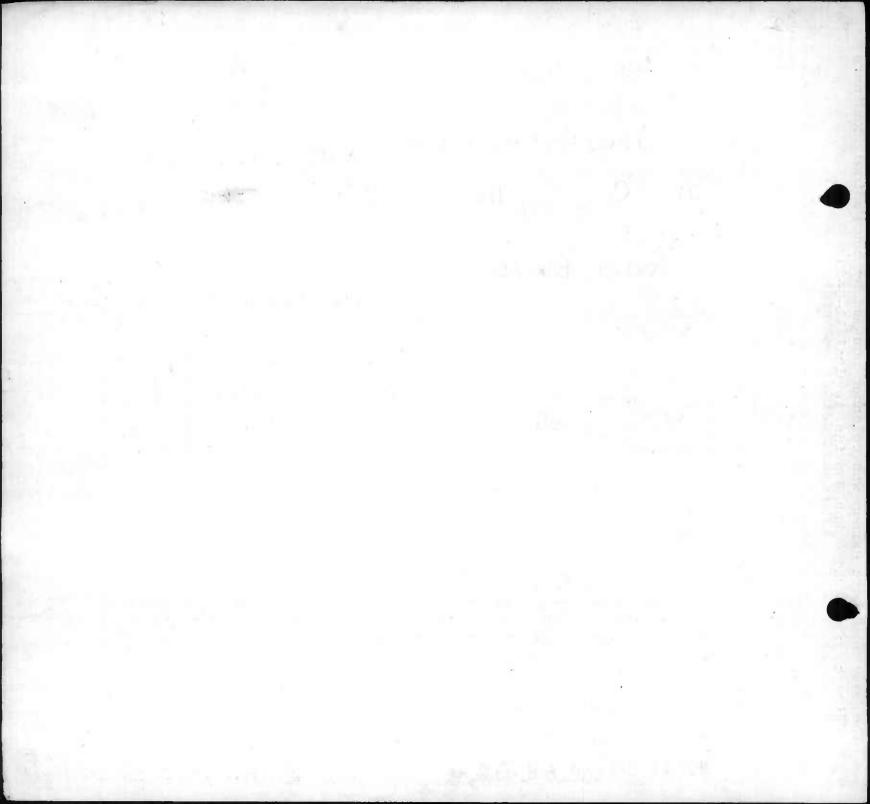
	4			BALTIMORE CITY	HEALTH DEPARTMENT		CE 44594
	TH NO.	65 11	521	CERTIFICA	TE OF DEATH	Registered No.	65 11521
	L CASE NO.		0.0		2. DATE	AND HOUR OF DEATH	
	on or Print)	bert Richar	od T.ewi	G	TT	-9-65	17-30-A M.
3.		ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (W	here deceased fived. If	institution: residence before admission)
					A. STATE B. CO	UNTY	1+-17
	FULL NAME O HOSPITAL OR NSTITUTION	oddress or location	or institution,	give street	Maryland c. city or town (IF	outside city limits, write	RURAL and give township)
	34I3 F	Park Heights	s Ave		Baltimore D. STREET ADDRESS	(If rurol, give location)	
					34I3 Park	Heights Av	e
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	M	Negro	Marri	D, DIVORCED (specify)	II-2-I9I5	50	Notice to the second se
		UPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		working lile, even if retired)			Daltimone M	ra:	WHAT COUNTRY!
13.	FATHERS NAM	M E			Baltimore M	IAME	
G	erge I	ewis			Florence G		
15. (Ye	Wos Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
11	N W-2	Navy	0. 00111087	SECORITI NO.	Edith Lewis	-34T3 Park	Heights Ave
1	1B. 15	2 V		CAUSE O		3.23	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION DIR	ECTLY				ONSET AND DEATH
		LEADING TO DEATH		CARLEN	40 smon	- COSON	17651
		nal mean the made of asthenia, etc. It means		DUE TO	7		
1		nplication which caused					
1		ANTECEDENT CAUSES		(B)			
1	DISEASES (OR CONDITIONS, if	any, giving	501 10			
		e abave cause (A) G CONDITION last,	stating the	(C)			***************************************
	ONDEREITING	5 CONDITION (as),					
MOITA	TO THE D	IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	G E			
ERTIFICATION			DITION FOR Y	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CE	21A. ACCIDE	NT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If in Boltimo	ore City, give exoct locotion)
A		JTING CAUSE OF medical examiner	hom etc.		fice bldg., INJURY OCCUR?		
DIC	21 D. TIME	(Month) (Doy) (Yeo)	(Hour) 21E,	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
N.	OF INJURY (APPROX.)		Wh	ile At 🖂 Not Whit	e 🦳		
	(APPROX)		Wo	rk At Work		0.84	
	22. I certify	that (1) (this haspital) ottended t		CTX	190 T 10 M	OY 7 1961.
	that (I) (we)	last saw the decease	d olive on	oct 30	19.65 ond	that in (my) (our) op	Iniun deoth occurred on the dote
	ond hour on	d from the couses stat	ed obove. (1) (We) (dld) (did-not) v	iew the body ofter deat	h.	
	23A. SIGNATA	IRE	1 [-				23B. DATE SIGNED
	اللالما	home &	No	M.D. Atte	ending Med. Director	Stoff Phys.	11-10-65
	23C. PHYSICIA				23D. ADDRESS	4 1 1	1200 6775
	NAME	201 Lot	17:V	V 2 + + SM.O.	217.14	Drung	400 BKA
244	BURIAL CRE	MATION, 248. DATE	24C. N/	AME of CEMETERY OF CRE	MATORY 24D	LOCATION V	City, town, or county) (Stote)
B	removati	II-I2-	65 Bal	timore Nati	onal B	altimore, Co	nty
		BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
Ve	NOV 11	1965 A.O. A	2.30	Owner)	Isajah Lo	htgomery s	treet
4.3	- DV- NE VI 1/ 1/	10000	-1 4004			8	



BALTIMORE	CITY	HEALTH	DEPARTMENT	
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BIRTH NO. 65 110 MEDICAL	EXAMINER'S C	ERTIFICATE OF I	DEATH Registere	No. 11522
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print) VIOLA PERKINS (I	HUTSON)		nber 9, 1965	8:15 P _M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP				tion: residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	c. city or town (If outside Baltimore	e corporate limits, write R	RURAL and give township)
V5		D. STREET ADDRESS (If rurol,	give leaster)	20
South Baltimore G	General Hospita	119 W. Wes		
WIDOWE	ED, NEVER MARRIED D, DIVORCED(specify) LCOW	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work TOR KIND			in country)	12. CITIZEN OF
done during most of working life, even if refired) H-W 13. FATHER'S NAME		Baltimore, Md		WHAT COUNTRY?
13. PAIREK 3 NAME				
Robert Dennis	1/ 60 6141	Mamie Lamber	t	ADDRESS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)	e) 16. SO CIAL SECURITY NO.	17. INFORMANT		ADDKE22
		Solo Gibbs-IO	03 Leadenha	all Street
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) OF INJURY ((APPROX.)	(A) Hyperte DUE TO (B) DUE TO (C) DUE TO (C) DING OTHE DIABLE OF INJURY (e.g., ome, form, foctory, sheet, ote.)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	20B. IF YES, WERE FINE IN CERTIFYING CAUSE: (If in Boltimore City, give	DINGS CONSIDERED S OF DEATH?
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breit 23A, BURIAL CREMATION, REMOVAL (Specify) Burial II-I5-65	Inspection X Aug Accident Suicid Suicid Menecker, M.D 23C. NAME of CEMETERY of Baltimore Name of REGISTRAN	Hamicide UCHIEF MEDICAL EX ASSISTANT MEDICAL EX ASSOCIATE MEDICAL EX OF CREMATORY 23D. L 24C. FUNERAL DIRECTOR	(AMINER AMINER AMINER 1 OCATION (City, In 1 1 timore City	DATE SIGNED 11-10-65 own, or county) (Stote)
VS 151-REV. 1/1/65	4	TOO W, MOILES	ower's oure	<u>a o</u>

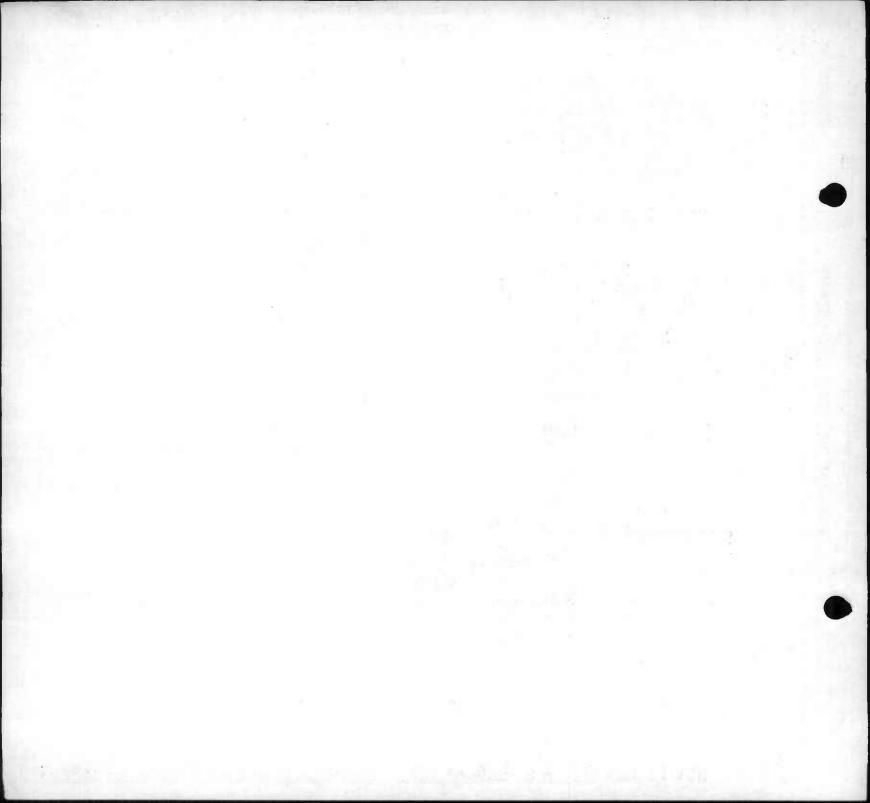




FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	2013- AA-100A	BALTIMORE CITY	HEALTH DEPARTMENT	DR.ROBIAS	OMASSA WD
	H NO. 20 65 11524	CERTIFICA	TE OF DEATH	Organistered No.	M N
1. N	AME OF DECEASED HELEN V. PRA	ITER	2. DATE ANI	9-65	1335 PM
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	titution: residence before admission)
	FULL NAME OF (If not in hospital ar institution, gi	ve street	MARYLAN	JD 1	6-03
	UNIVERSITY OF MARYLAN	un bloca	BALTIMO		JRAL and give lownship)
	UNIVERSITION	VD 1403/.		ura, give lacation)	
			925 N.	VINCENT	ST.
5. 5	F N WIDOWED,	NEVER MARRIED DIVORCED (specify) RRIED	6-21-02	ost birthdoy) 63	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF during most of working lite, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
12	HOUSEWIFE		$U_1 S_1 H_1$	md.	U.S.A.
13.	FATHERS NAME UNKNOWN James	McCall	14. MOTHER'S MAIDEN NAM	WAN SUS	ie
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT EDNA HAW	KINS - DA	ADDRESS
	18.33 2 X I	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Parc	umonia le	roncho-	
	(This does not meon the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO	tan aanaan aan aan aan aan aan aan aan a		
	injury at camplication which coused deoth.)	m Ass	watron mo	umonetro	
	DISEASES OR CONDITIONS, if any, giving	DUE TO	1	2 1	1
	rise Ia lhe abave cause (A) stoling the UNDERLYING CONDITION last.	(C) Tur	ombosis, M.	C. A. M	/MT
	II			· L	/
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING IT.	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FI	NDINGS CONSIDERED . /
ERTIFIC	O NONE WAS PERFORMED A	DNE		IN CERTIFYING CAU	NDINGS CONSIDERED NO
U	OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., ir , form, foctory, street, of	or about 21 C. WHERE DID		City, give exact location)
DICAL	DEATH (notify medical examiner)	NONE		NONE	
MEC	OF INJURY While		21F. HOW DID INJU	NE	
	/VO/VC Work		15 50	1 11	9 1065
	22. I certify that (I) (this hospital) ottended the that (I) (we) lost sow the deceased alive on	1. 0		9 63 ta //-	In death accurred on the date
	and hour and from the couses stated above (1)		-	THE THE TENT	ion decin occurred an the dole
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	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	- 1100	VII 101 A LL-
2.1	TIMOTHY KENNEY	GRAY M.D.	UNIVERSITY	OF MAR	YLAND MOSP.
24/	A. BURIAL CREMATION, 248. DATE 24C. NAI	ME of CEMETERY OF CRE		1 1	(State)
25/	A DATE REC'D BY HEALTH DEPT. 258, NAME OF	F REGISTRAR	25C. FUNERAL DIRECTOR	butus	ADDRESS
	NOV 11 1965 P. D. A E Fall	Boutes		der 1346	N. Calhon IV.
VS	150-REV. 1/1/65	11.00			



65 11525 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print HUGH LEAK November 9, 1965 2:30 R 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COLINTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore 508 Robert St. D. STREET ADDRESS (If rurol, give location) 508 Robert St. 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. If Under 24 Hrs. lost birth day WIDOWED, DIVORCED (specify) Months, Doys, Hours, Min. male 12/23/10 negro Never Married 10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF U.S. A. done during most of working life, even if retired Va. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Ceola Kakk Banks Hubert Leak 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 7. INFORMANT SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) Ceola Leak 508 Robert St. No 18. CAUSE OF DEATH INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Lobar pneumonia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes EDICAL 21A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bollimore City, give exoct location) home, form, foctory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. Σ 21D TIME 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) OF INJURY m. WHILE AT NOT WHILE (APPROX.) 22. AutopsyXX 1 certify that I held on Inquiry Inspection ond that on this bosis, death in my opinion resulted from: Notural causes Accident Suicide HomicIde Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER XX SIGNATURE 11-10-65 ASSOCIATE MEDICAL EXAMINER NAME (Type) Rudiger Breitenecker, M.D. 23A, BURIAL CREMATION, 23B, DATE 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

11/13/65 Mt Auburn Cem. Baltimore, Md. Burial

24C. FUNERAL DIRECTOR

N. Calhon St

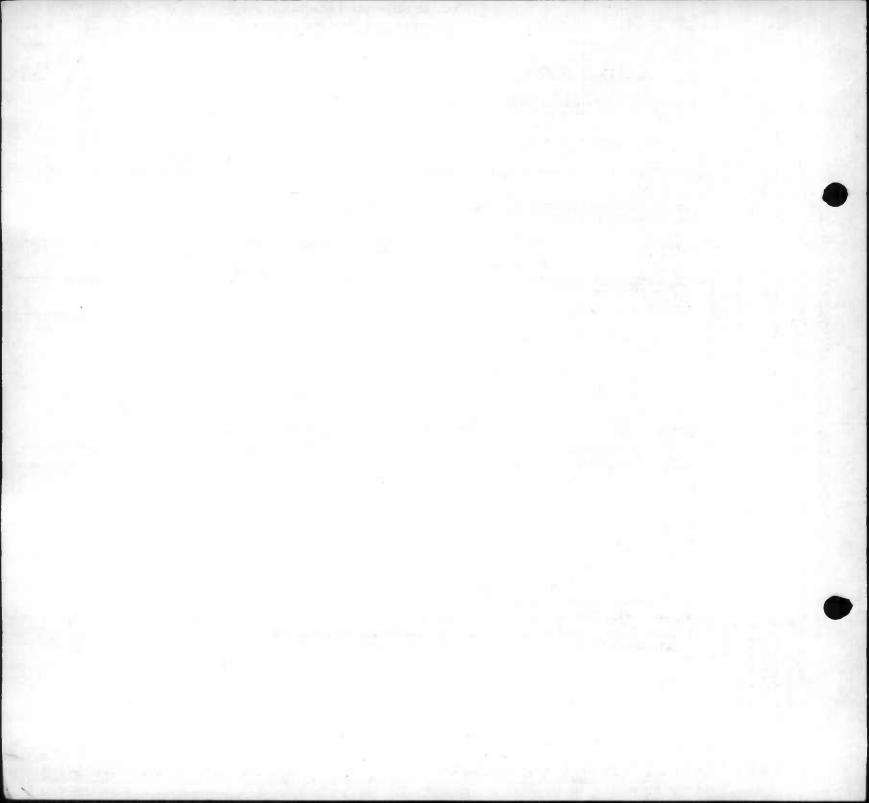
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BALTIMORE	CITY	HEALTH	DEPARTMENT
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23A. SIGNATURE M.D. Attending Mod. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) TAN SHENK M.D. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 23B. DATE SIGNED 11/7/45 23B. DATE SIGNED 11/7/45 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Sto	and haur an	d from the causes stated above	re. (1) ()(6) (did) (did nat)	view the bady after deat	h•	
23C. PHYSICIAN'S NAME (Type) TAN SHENK M.D. BALTO MD REMOVAL (Specify) 23D. ADDRESS M.D. BALTO MD (City, town, or county) (Stote						23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) IAN SHENK M.D. 23D. ADDRESS M.D. BALTO. MD. A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote of County)		Jan Sher	M.D. Att	ending Mod. Director	Stoff Phys.	11/7/65
REMOVAL (Specify)	23C. PHYSICIA NAME (1	A NP C	NIV	23D. ADDRESS 5 5	0 N B	
REMOVAL (Specify)	24A. BURIAL CRE	MATION, 24B, DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 124D	LOCATION	City, town, or county) (Sto
Burial 11-10-65 National Cemetery Baltimore, Ma.	REMOVAL					
	Buris	21 11-10-65 1	ational (en	eteny E	altimone	, Ma.

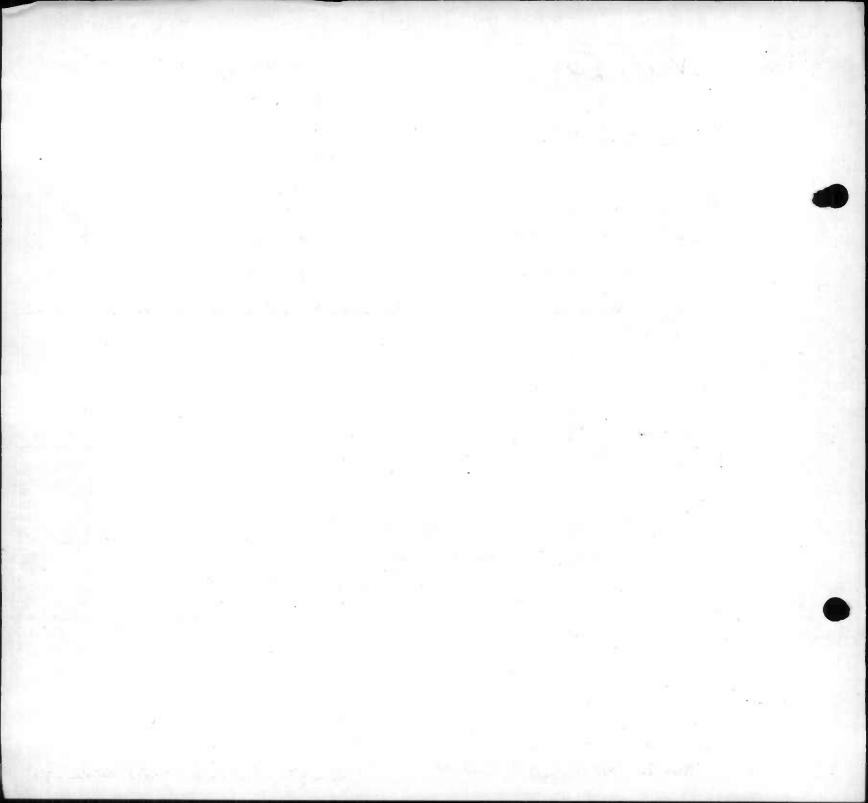
11-10-65 National Conservy Baltimore, Md.

HEALTH DEPT. 25B. NAME OF REGISTRAR

1965 Robert E, Forbum. Randolph J. Collick 1412 E, Proston St.

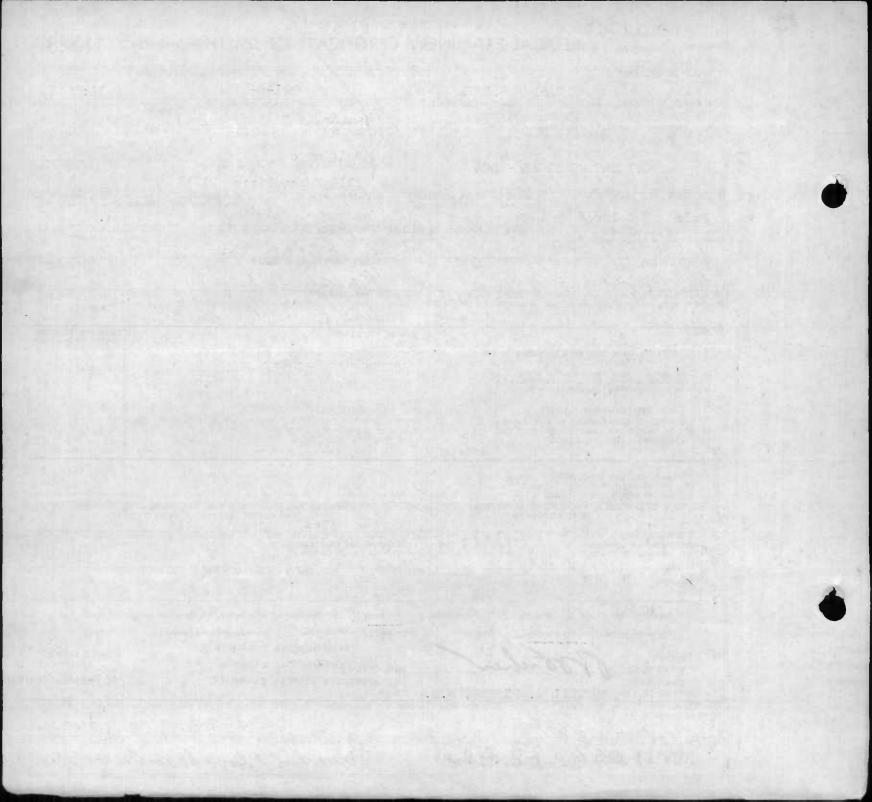
VS 150-REV. 1/1/65

written



BALTIMORE	CITY	HEALTH DEPARTMENT
DALIIMOKE		HEALTH DEPARTMENT

BIRT		11028 hville, ga MEDI		AINER'S CE			EATH Registe	red No.5	11528
11	CASE NO.								
1. N	AME OF DEC	CEASED	4 - 4 4 4 4	44 7 44 6 6			HOUR PRONOUNCE	ED DEAD	
		GA				11-8-6			11:30 A M.
		TIMORE, MARYLAND, W			4. USUAL RESID A. STATE Marylar	The state of the s	ceosed lived. If insti B. COU	itution: resid	dence before admission
HOS	L NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION,	GIVE STREET	C. CITY OR TOV	WN (If outside	corporate limits, write	RURAL on	nd give township)
	PRO	OVIDENT HOSPI	TAL - DOA		D. STREET ADDI				
5. \$1	X	6. RACE	7. MARRIED, NEVER		B. DATE OF BIRTI		9. AGE (In years		1 Yr. If Under 24 Hrs
7	Male	Colored	WIDOWED, DIVORO	CED (specity)	12-30	-1964	lost birthdoy)	10 m	Doys Hours Min.
10A	USUAL OCC	UPATION (Give kind of work working life, even if retired)	TOB. KIND OF BUSIN	IESS OR INDUSTRY	NASHU.		country)	12. CITIZE	
	ATHER'S NAM				14. MOTHER'S M		<u> </u>	1 4 2	3 . 73
1	Wille	E dESTE	R		BARBA	ORA LE	wis		
		D EVER IN U.S. ARMED			17. INFORMANT			ADDRESS	
(Tes,	NO OF URKNOWN	l(If yes, give war ar date	s of service)	CURITY NO.	Willie	LESTE.	1 22311	FUTRE	w Pl.
	B. 4	11X		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY	200					
	(This does	LEADING TO DEATH not mean the mode of		(A) Bro	onchopneu	monia	****************		- 0000 v 00 000 00 00 00 00 0 00 00 00 00
	heort foilure,	, osthenio, etc. It means mplication which coused	the disease.	DOE 10					
		NITECEN DENT CALLER	e						
		ANTECENDENT CAUSE OR CONDITIONS, IF A		(B)					
	RISE TO TH	E ABOVE CAUSE (A) ST	TATING THE						
Z				(C)		***************************************			. *************************************
ERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO THE						
CERT		OPERATION 198. CON	DITION FOR WHICH	OPERATION	20A. AUTOPSY	II.	DE IF YES, WERE FILL CERTIFYING CAUS		
O	UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	218. PLACE home, form, etc.)	OF INJURY (e.g., i foctory, street, o	n or obout 21C. V	VHERE DID (If	in Boltimore City, gi	ve exoct lo	cotion)
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Doyl (Yeor	WHILE	AT NOT	WHILE	OW DID INJUR	Y OCCUR?		
	22.	tify that I held on I	m. WORK	AT W		d that an thin	hasis darah in -	ov oni-i-	
					75		bosis, deoth in m		7-4-31-33-3
	resul	ted from: Notural cou	Accide	nt Suicide			determined monne	B1 [
	ACTUA	L Rm	E.l. /			EDICAL EXA			DATE SIGNED
	SIGNAT	IER'S	C FICUED		ASSISTANT M				11-8-65
23A.	NAME (S. FISHER,	ME of CEMETERY of	CREMATORY	23D. LO	CATION (City.	town, or c	countyl (Stotel
	OVAL (Specif	yl . l. l	1965				PAHA	1	20010
24A	EMOU.	BY HEALTH DEPT.	24B, NAME OF REC	GISTRAR	24C. FIINED	AL DIRECTOR	7/////	6000	DDRESS
		1 1965 Rec	& E. Faile	MA			Hogo 638	N 61	emon St

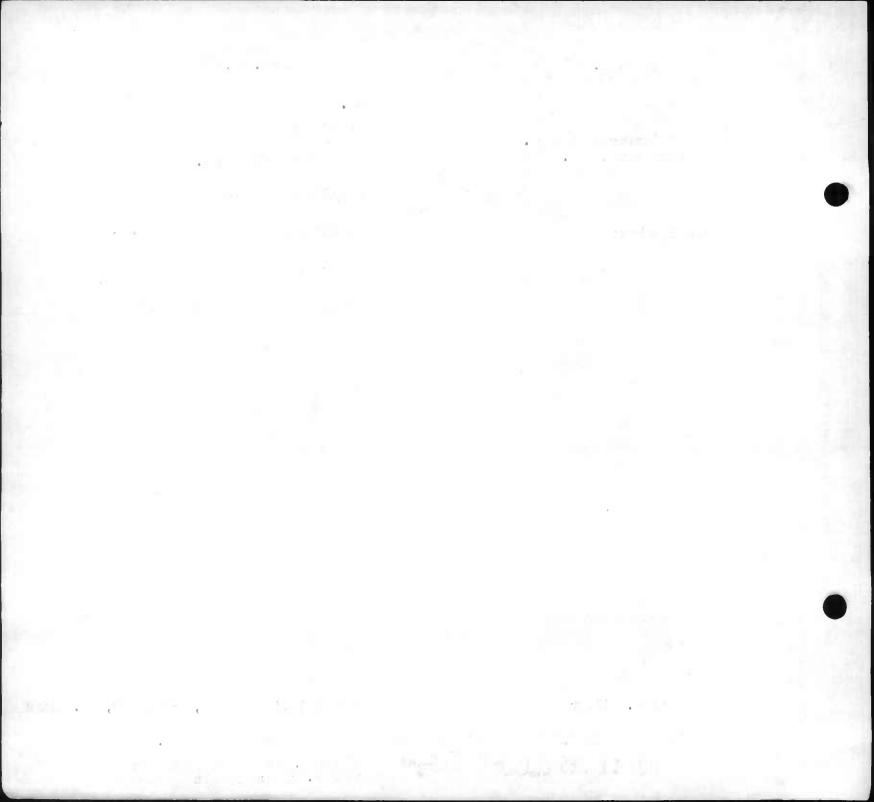


was D.O.A. at a haspital (except where the physician wha pronaunced death was in regular attendance on the

1, , 1,	pe or Print)		m	2. DATE AND HOUR OF DEATH			
3.		IA C. CRAF		Nov. 9,1965			
	FULL NAME OF HOSPITAL OR		or institution, give street	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss A. STATE B. COUNTY Md C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
)	827 Bon	aparte Av		D. STREET ADDRESS (If rurol, give locotion)			
		re, Md. 2		827 Bonaparte Ame.			
5. 5	M	W	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	1/1/1892 9. AGE (In yeors lost birthday) 73	If Under 1 Yr. If Under 24 Months: Doys Hours Mi		
		TION (Give kind of work king life, even if retired)	10B, KIND OF BUSINESS OR INDUSTI		12. CITIZEN OF WHAT COUNTRY?		
	Coal Min	er		Kentucky	U.S.A		
13.	FATHER'S NAME	?		14. MOTHER'S MAIDEN NAME			
15.	Wos Deceosed Ev	or in U. S. Armed Fore		17. INFORMANT	ADDRESS		
ire	s, no of unknown) (If	yes, give wor or dote	s of service) SECURITY NO.	Coome Cooft CON Des	manta A		
	128	4	CALICE	George Craft 827 Bone	INTERVAL BETWEEN		
	18.157		Ma	tes Jufer	ONSET AND DEATH		
		OR CONDITION DIR ADING TO DEATH	ECTLY	a great of little	///////////////////////////////////////		
		for 671532 16					
	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,						
			me disease,				
		calian which caused	death.)	areason not Tailot Pare.	102		
	injury ar camplio		death.)	accinona of hert	102		
	injury ar camplio	calian which caused TECEDENT CAUSES	502 10	accionnal Tail of Parc.	102		
	DISEASES OR	cation which caused TECEDENT CAUSES CONDITIONS, if above cause (A)	any, giving	accionnal Tail of Pare.	102		
	DISEASES OR	calian which caused TECEDENT CAUSES CONDITIONS, if	any, giving	accionnal Tail of Pare.	102		
7	Injury or camplic AN1 DISEASES OR rise to the c UNDERLYING C	calian which caused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	any, giving slaling the (C)	accionnal Tail of Pare.	102		
VIION	DISEASES OR rise to the Control of t	CONDITIONS, if a bave cause (A) ONDITION last. ANT CONDITIONS CAUSE (A) ANT CONDITIONS CAUSE (B) BUT NOT RELA	any, giving slaling the (C)	a ceron a of Tail of Pare.			
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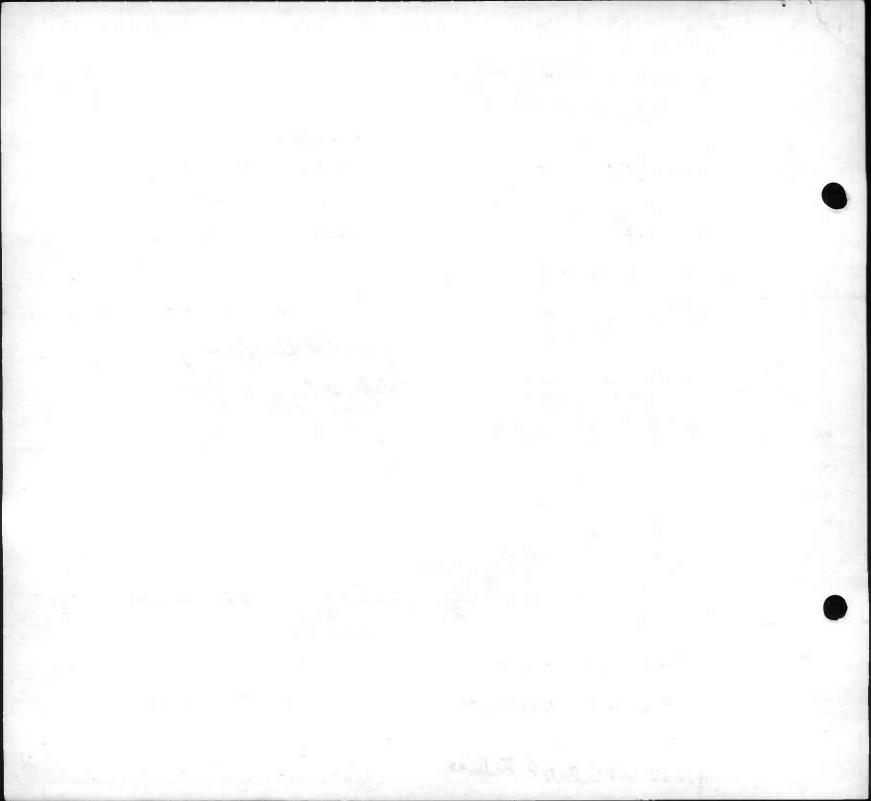
23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS Max J. M.D. Miller 1047 Ingleside e Avenue, Baltimore, 21228 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY ery Baltimore Md.

25C. EUNERAL DIRECTOR
John M. Weber & Sons 1 11/12/65 Baltimore Cometery
HEALTH DEPT. 2558. NAME OF RESTRICIONAL 25C. 401 Burial ADDRESS & Sons Inc VS 150-REV. 1/1/65



		HEALTH DEPARTMENT					
BIRTH NO. 65 11530 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	65 11530			
1. NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR OF DEAT	Н			
Salomaja. PLACE OF DEATH IN BALTIMORE, MARY	Niemczyk LAND	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If	1965 2.10 P			
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or oddress or location)	institution, give street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
6707 Gracel	and Avo	Baltimore D. STREET ADDRESS (1)	rurol, give location)				
	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years				
F W	WIDOWED, DIVORCED (specify) Widowed	IO-I'/-I885	lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work) 1 done during most of working lile, even if retired) housewife	OB, KIND OF BUSINESS OR INDUSTRY	Poland	eign country)	12. CITIZEN OF WHAT COUNTRY?			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
7 Jendrusiak		3	Jendrusia	ak			
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give wor or dates	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
no	JECORIII NO.	Mannie Nie	mezyk 670	7 Graceland Ave			
(This does not mean the made of dheart laiture, asthenia, etc. It means the injury of camplication which caused dante CEDENT CAUSES DISEASES OR CONDITIONS, if and itself to the above cause (A) is UNDERLYING CONDITION last.	(B) DUE TO	entersis Contic.	Vareular X.	uod			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.	ED TO THE						
19A. DATE OF OPERATION 19B. CONDI	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)			
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work							
22. I certify that (I) (this hospital)	22. I certify that (I) (this hospital) attended the deceased from Line 21 1965 to Line 4 1965						
	that (1) (we) lost saw the deceased alive on 2100 19 7 My and that in (my) (our) opinion death occurred on the						
and hour and from the causes states	d obove. (I) (We) (did) (did not) v	iew the body ofter deoth.					
Che drew Time K	F-ma/a, M.D. Atte	nding Med. Director	Stoff Phys.	23B. DATE SIGNED			
23C. PHYSICIAN'S NAME (Type)	ENDICANSKE M.D.	23D. ADDRESS 2529 Ea	stere A	le - 51224			
4A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CRE	,	OCATION	City, town, or county) (State			

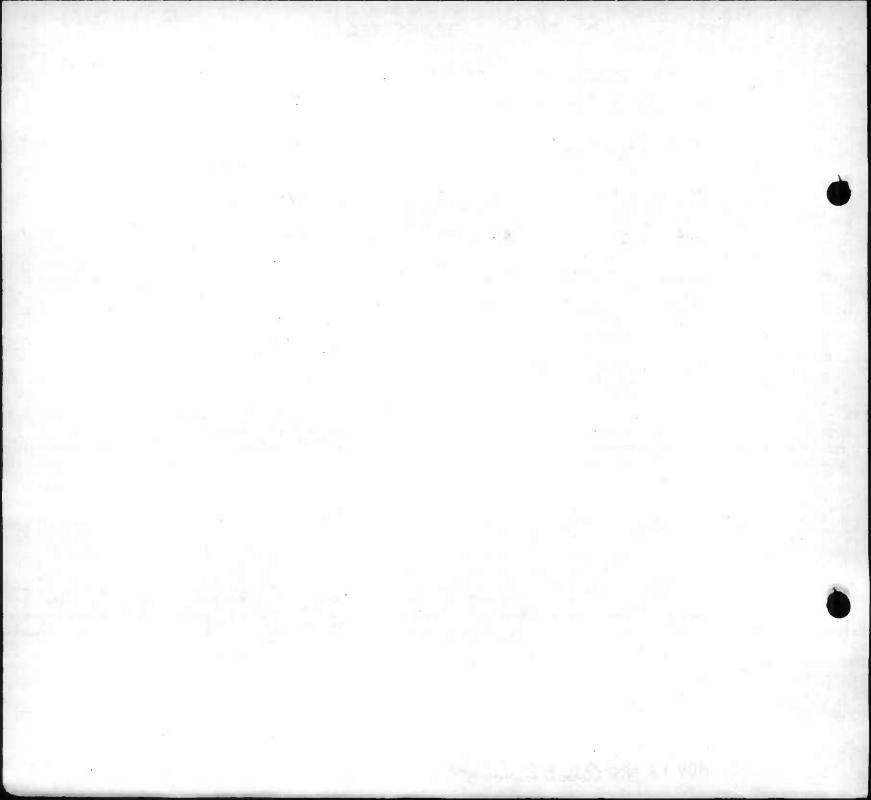
St Stanislaus Faltimore, Maryland 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 1965 NOV 12



Such

	BALTIMORE CITY	HEALTH DEPARTMENT	01	5 44594
BIRTH NO. 65 11531	CERTIFICA	TE OF DEATH	Registered No.	5 11531
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) HINNIE ST	TALLMAN	11/	9/65 DEATH	4:20 P M.
3. PLACE OF DEATH IN BACTIMORE, MARYLAND FULL NAME OF (If not in hospital or instituti	on, give street	A. STATE B. COUL	Fredeceosed lived. If inst	itution: residence before odmission)
HOSPITAL OR oddress or locotion) INSTITUTION The state of the state o	Blad.	(Salts	utside city limits, write RU	JRAL ond give township)
1105 Woshington (1105 Wosh	ington B	lvd.
	WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if relired)	Cover Cover	11. BIRTHFLACE (Stote or fore	eign Countly)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME & Luclevites	Ba	14. MOTHER'S MAIDEN NA	hnown	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6, SOCIAL SECURITY NO.	Phala Ha Du	mati u	ADDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	0.0	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, a heart failure, asthenia, etc. (I means the disea		aremona	Colen	5 mente
injury or complication which caused death.) ANTECEDENT CAUSES	(8)) 9900 0 00 0m m h h m memme me were a me 2000 99 manus w	
DISEASES OR CONDITIONS, if ony, given itse to the obove couse (A) stoling UNDERLYING CONDITION tost.		00000000000000000000000000000000000000		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes of N	O) 208 IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (nolify medical examine)	21B. PLACE OF INJURY (e.g., i home, faim, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
	21 E. INJURY OCCURRED While At Not While Work At Work		JURY OCCUR?	,
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive a	11/6	1/5-	1943 to //	ian death occurred on the date
and hour and from the couses stated above				
John P. Wier	Phy		Stoff Phys.	11/9/65
23C. PHYSICIAN'S NAME (Type) JOHN P. URLO	CK VR M.O.	23D. ADDRESS 1227 W	uch. Bloc	d.
PEMOVAL (Specify) 248. DATE 240	NAME of CEMETERY OF CR	EMATORY 24D. I	LOCATION (City	, town, or county) (State)

Glenburne Med REC'D BY HEALTH DEPT. OF REGISTRAR 25C. FUNERAL DIRECTOR Fra Owne 9 1965 2



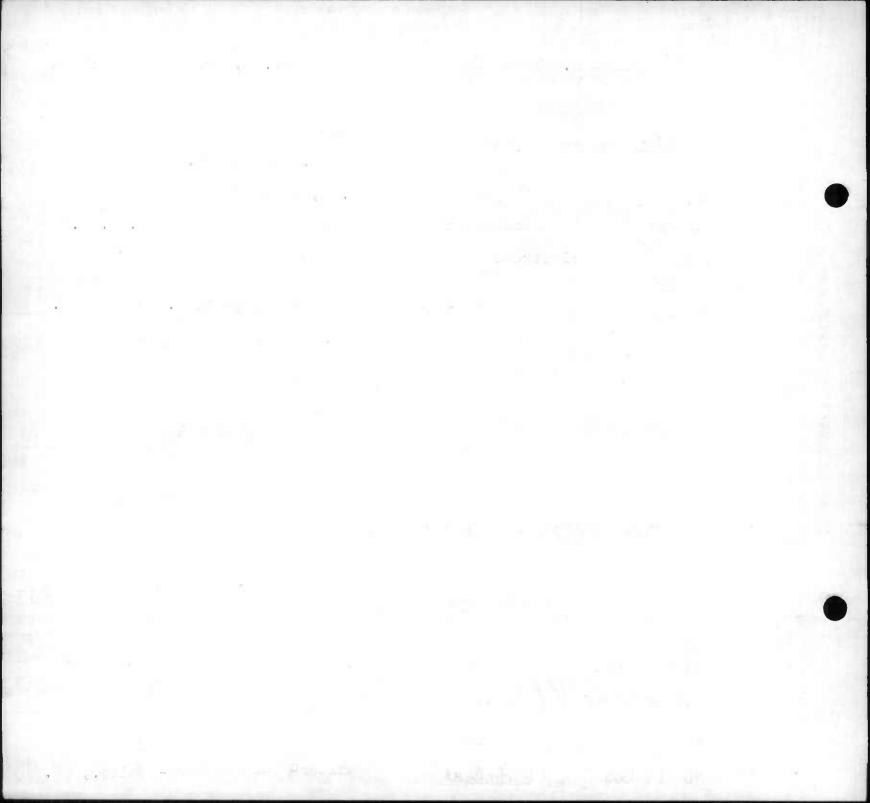
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NOTE NO		BALTIMORE CITY	THE TENTE DELIVERY		
M.E. CASE NO. 65 1153	2	CERTIFICA	TE OF DEATH	Registered No.	11572
NAME OF DECEASED	~		2, DATE AN	D HOUR OF DEATH	LLUOR
(Type or Print) Charles E.	Fleetwo	od		9, 1965	10:20 A
3. PLACE OF DEATH IN BALTIMORE, MA				deceased lived. If ins	ilution: residence before admissio
FULL NAME OF (If not in hospital HOSPITAL OR oddross or location in hospital oddross or locati		ive sheet	C. CITY OR TOWN (If out	side city limits, write RL	JRAL and give township)
Franklin Square	Hospita	1	Baltimore D. STREET ADDRESS (If r	urol, give location)	
			408 S. Calh	oun St.	
5. SEX 6. RACE		NEVER MARRIED , DIVORCED (specify) ed		ost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
16A. USUAL OCCUPATION (Give kind of wo done during most of working life, even if retired) Carpenter	Const	BUSINESS OR INDUSTRY		an country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	etwood	_	14. MOTHERS MAIDEN NAM Unknown	ΛE	
5. Was Deceased Ever in U. S. Armed Fo Yes, no or unknown) (If yos, give wor or do		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		219-01-9678	Dorothy Eva	ns-408 S.	Calhoun St.
DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode o heart failure, asthenia, etc. It mean injury or complication which couse ANTECEDENT CAUSE	d dying, e.g., s the disease, d deoth.)	(A) QE DUE TO (B) Hy	bertantion condiava	thromba,	ONSET AND DEATH
DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CO. WAS PE	CONTRIBUTING	9	20A. AUTOPSY? (Yos or No.		NDINGS CONSIDERED
TISE TO THE OBOVE CAUSE (A) UNDERLYING CONDITION TO I. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CO WAS PE 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	CONTRIBUTING ATED TO THE IT. NOTION FOR V REFORMED	PLACE OF INJURY (e.g., e.g., form, foctory, street, c		208. IF YES, WERE FI	NDINGS CONSIDERED
TISE IO THE ABOVE CAUSE (A) UNDERLYING CONDITION IOST. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	CONTRIBUTING ATED TO THI IT. NDITION FOR V RFORMED 21B. hom etc.)	PLACE OF INJURY (e.g., ce, form, foctory, street, ce) INJURY OCCURRED le At Not Whi	20 A. AUTOPSY? (Yos or No.) in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU (If in Bollimore	NDINGS CONSIDERED SES OF DEATH? City, givo exoct locotion)
TISE IO THE ABOVE CAUSE (A) UNDERLYING CONDITION IOST. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PE OR CONTRIBUTING CAUSE OF DEATH (notify modical exominer) 21D. TIME (Month) (Doy) (Your OF INJURY)	CONTRIBUTING ATED TO THE IT. NDITION FOR V RFORMED 21B. hom etc.) (Hour) 21B. Whi Wor al) attended the sed alive an ated abave. (I	PLACE OF INJURY (e.g., e, form, foctory, street, c	20A. AUTOPSY? (Yos or No.) in ar about 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY Mod. Diroctor 23D. ADDRESS 29 3 0 W CL	208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore JRY OCCUR? 9 5 4 to at in(my) (aur) apin Staff Phys	NDINGS CONSIDERED SES OF DEATH? City, give exect locotion) L - 26 19 6 3 ian death occurred an the death occurred and the death occurr

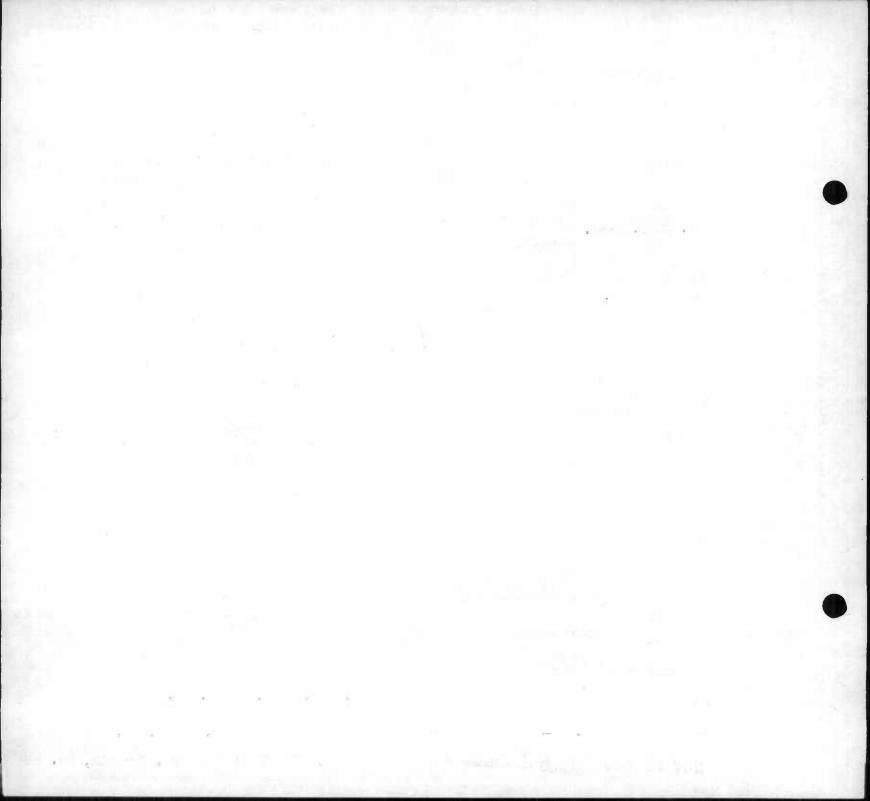
Walters

Funeral Home-

Balto., Md.



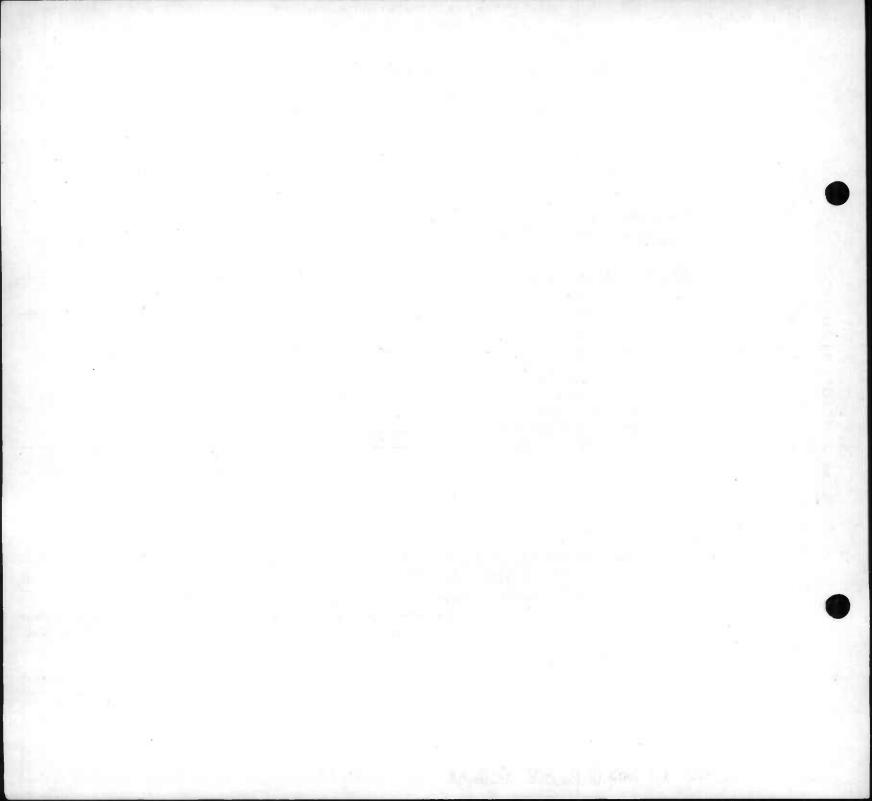
		BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO. 65 11533	CERTIFICA	TE OF DEATH	Registered No	5 11533
1. N/	AME OF DECEASED	award P	2. DATE AND	HOUR OF DEATH	135
3. PI	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE) B. COUNT		ution: residence before admission
FI	ULL NAME OF (If not in hospital at institu	tion give theet	A. STATE D. COUNT	Bata	Britto
H	OSPITAL OR oddress or location)	non, give vicei	C. CITY OR TOWN / (If outsi	de city limits, write RUF	(AL ond give (ownship)
1		, , ,	Baltin	ove -=	2. Dundack
0	Yaryland Gener	al Hopeital	108 Wet	15 HUC	. 5300
5. SE	M WID	CRIED, NEVER MARRIED QWED, DIVORCED (specify) MOVY (-C)	8-39-0/ 9	AGE (In years of N	f Under 1 Yı. If Under 24 Hı: Aonths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT COUNTRY?
	et. Elec. Dept. De	Mr. Stee Co	· DIADIN	114	V. S. Q.
13. F	Shipyard Shipyard		14. MOTHER'S MAIDEN NAM		
1	Tames L. LANV	1cm	12A U	DVIGHT	
15. V (Yes,	Vas Deceased Ever in U. S. Armed Forces? navar unknown! (If yes, give war ar dates of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 211	ADDRESS
U	M RIGHT NO	213094375	Hospita	I Chan	T
	18.2,04,01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ohr	mia Kinistoni	to	
	(This does not mean the made of dying,		our graphics	120	
	hearl failure, asthenia, etc. Il means the dis injury or complication which caused death.)	eose,	- Culpoin	ile	
	ANTECEDENT CAUSES	(B)			***************************************
	DISEASES OR CONDITIONS, if any, g	iving			
	rise to the above couse (A) stating UNDERLYING CONDITION last.	the (C)	M		
TION	OTHER SIGNIFICANT CONDITIONS CONTRIB				
CA	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
ERTIFIC	WAS PERFORMED		1100	IN CERTIFYING CAUSI	ES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore C	ity, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
>	OF INJURY (APPROX.)	While At Not While Work At Work			
	22. I certify that (N (this hospital) attend			65,0	11.11 10 05
	that (1) (we) last saw the deceased alive	//	11	_	in death accurred an the da
	and haur and fram the causes stated abo	1		111(111)) (4001)	m deam accomes an ine da
	23A. SIGNATORE		Tow the body direct deaths.	[2:	B. DATE SIGNED
	(1) Yugobert	tulle M.D. Atte	ending Med. S S. Director P	hys. C	11.11.1.6
:	23C. PHYSICIAN'S		23D. ADDRESS	11/5.	11 11 00
	NAME (Type)	// M.D.	Md. Gen. Hosp.	Balto. Md.	
24A.	Burial CREMATION, 24B. DATE 2. REMOVAL (Specify) Burial Nov. 15-1965	oc. NAME of CEMETERY of CRE	MATORY 24D. LO		town, or county) (State)
		AME OF REGISTRAP	25C. FUNERAL DIRECTOR	A AVC BALGO	ADDRESS
	NOV 12 1965 Pole 2.	to be HA	JOHN J. DUDA 792	22 Wise Ave.	Dundalk, Md. 21
VS 1	50-REV. 1/1/65				



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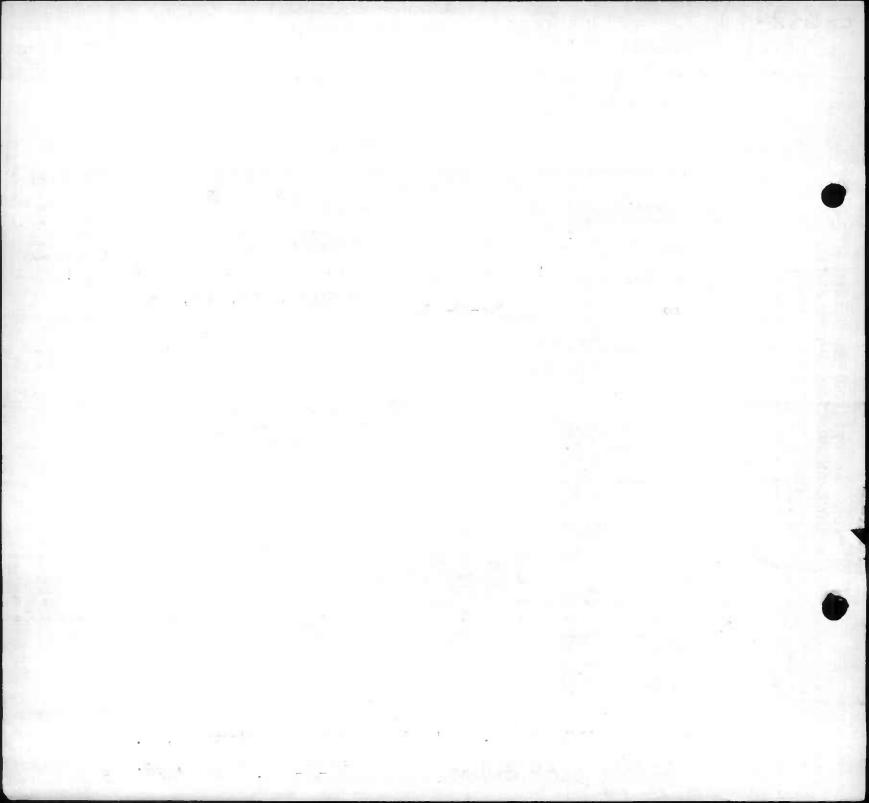
	BALTIMORE CITY	HEALTH DE	PARTMENT		
BIRTH NO.	CERTIFICA	TE OF	DEATH	Registered No.	11534
I. NAME OF DECEASED			2. DATE ANI	D HOUR OF DEATH	11.00.1
(Type or Print) FREDERICK G	CAMPBE	11	Nov.	9, 1965	10:15 A. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL R	B. COUNT	deceased lived. If ins	titutian: residence befare odmissian)
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR address or location) INSTITUTION	ve street	C. CITY OR	TOWN JUST OUTS	A N O (side city limits, write RU	JRAL and give township)
3320 CATON AV	P.	D. STREET A		urol, give locotion)	
		3	3320 C	ATON AI	19.
	NEVER MARRIED DIVORCED (specify)	B. DATE OF		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	ACE (State or foreig	gn country)	12. CITIZEN OF
done during most of warking life, even if retired) EVELVER - HOSP	TAL	New	KANSI	VOTON PA.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER	S MAIDEN NAM		
FREDERICK J. CAMA	bodel	MA	ROARP	+ Doug	LUSS
15, Was Deceased Ever in U. S. Armed Farces? (Yes, no arunknawn) (II yes, give war ar dates al service)	16. SOCIAL SECURITY NO.	17. INFORM	ANT 3320	CATON A.	P. ADDRESS BALTO.
No	190-12-6332	MRS.	Josephi.	NEB. CAM	obell Md.
18. 163X I	CAUSE OF	DEATH	1	,	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Gara			7111	26 mos
(This does not meen the made of dying, e.g.,	DUE TO	mo	nao	-wag	
heort foilure, asthenia, etc. It means the disease, injury ar complication which coused deoth.)					
ANTECEDENT CAUSES	(B)	*******			
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	160				
UNDERLYING CONDITION lost.	(C)				***************************************
Z CONTRIBUTING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED 21B. 8	HICH OPERATION	20A. AUT	OPSY? (Yes ar Na)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	PLACE OF INJURY (e.g., in e, larm, factory, street, olf	ar about 210 ice bldg., INJ	URY OCCUR?	(II in Baltimare	City, give exact lacation)
	INJURY OCCURRED	21 F	HOW DID INJU	JRY OCCUR?	
(APPROX.) While					
22. I certify that (1) (this hospital) attended the	e deceosed from	Jus	22	263 10 Mc	9 1965.
that (I) (we) lost sow the deceased alive on	nos	196	5 ond the	ot in (my) (our) opin	ion deoth occurred on the dote
ond hour and from the causes stated above. (1)	(We) (did) (did not) vi				
23A. SIGNATURE					23B. DATE SIGNED
proun		nding &	Director	Stoff Phys.	11/10/65
23C.PHYSICIAN'S NAME (Type)		3D. ADDRES	s I	1	R 11 700 N
244 BUBBAL CREAMATION 1248 DATE 1245 NA		2525	Red	(Rick W	UND TON
24A. BURIAL CREMATION, 24B. DATE 24C. NAI	ME of CEMETERY or CRE	//	240. 10	CATION (City	(, tawn, ar caunty) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	PEN WOOD	25C. FUN	VERAL DIRECTOR	WKENSI	NG/ON PA ADDRESS

G. TRUMAN Schwab 3512 FRed. Ave. BALTO. 29, Md.



BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH	Registered No.

BIRTH		65 1	1535	CERTIFICA	TE OF DE		No. 75 33575
1. NAA	CASE NO. 4					DATE AND HOUR OF DEA	ATH GO LIOUS
	or Print	Z , EDWA	80 11	Diris		11/9/65	6 PM
		TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDE	NCE (Where deceased lived.	If institution: residence before admission)
					A. STATE	B. COUNTY	7-12
HO	SPITAL OR	address or lacation	n)		MARYLA C. CITY OR TOWN	(If outside city limits, w	rite RURAL and give township)
INS	TITUTION	VERSITY OF	= MAR	YLAND HOSP.	BALT	1m08 4=	
X						SS (If rural, give location)
					805 N.	GLOVER	57
5. SEX		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Iff Under 24 Hrs. Months; Days Hours; Min.
/	2)	C		D, DIVORCED (specify)	12/22/	of fost birthe	Months Doys Hours Min.
0A, U	SUAL OCCU	PATION (Give kind of world		BUSINESS OR INDUSTRY			12. CITIZEN OF
done d		vorking life, even if retired)	2, -	20	2000	00	WHAT COUNTRY?
	CARK		B+0	RR		YLAND	2514
J. FA	THERS NAM	1 E			14. MOTHERS MA	101111	Y OSWINKLE
	A LO	VIS LORIT	2		GEAR	CHARLY 40	antil
5. Wo	s Deceased	Ever in U. S. Armed For	cos?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDKE22
7)	in yes, give wor or done	70	1 - 7	Georgianna	Loritz, wife,	above
118	no		70	5-10-8912 CAUSE O		- PEV	INTERVAL BETWEEN
	Hol	E OR CONDITION DI	DE CTLV				ONSET AND DEATH
		LEADING TO DEATH	KECILI	Muss	sardial a	ifaction in	her let aboles
(1	his does n	ol mean the made af	dying, e.g.,	DUE TO			20 DAYS
		asfhenia, etc. It means plicotion which coused		1			20 201193
		INTECEDENT CAUSES		(B) AS	CVO		
				DUE TO	soutel ,	Zulowskuf)	
		R CONDITIONS, if above cause (A)		(C)		intolus)	Cermenal
		CONDITION losf.					0 mass mass mass (
ATION	THER SIGNI	FICANT CONDITIONS C	ONTRIBUTIN	G			
AT	OFSEASE OR	CONDITION CAUSING	IT.				
ERTIFIC		- WAS PER		WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
THE C) vovi	K			140	N.	
. 0	A. ACCIDEN	TING CAUSE OF	21 B	PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21C. WHE	RE DID (If in Boli	timore City, give exact location)
		medical examined	ote			NA	
0 21	D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOV	DID INJURY OCCUR?	
2	PPROX.)	NA		ile At Not Whil	en Not		
		1,	Wo		70		10
22	2. I certify	that (1) (this hospita	l) ottended t	/ .	2/18	1965to/	19 6 3
th	ot (I) (we)	lost sow the decease	ed olive on	10/9	19 65	ond that in (my) (our)	opinion deoth occurred on the dote
01	nd hour ond	from the couses sto	ted obove. (l) (We) (did) (did not) v	iew the body ofte	er deoth.	
23	A. SIGN ATU	RE					23B. DATE SIGNED
	Fine	M. Sugar	21	M.D. Atte	ending Med	d. Stoff Phys.	11/9/65
23	C. PHYSICIA	N'S			23D. ADDRESS	111ys	11/1/00
	NAME (T)	(pe)				e ITA Was a	2784 201764
244	FREL		5000	7 M.D.	UNIVER		PITAL BALTO, MIL
	REMOVAL (S	pecify)		AME of CEMETERY OF CR		24D. LOCATION	(City, town, or county) (Stote)
Bu	ırial	11/13/	65 St.	. John's Ellic		Ellicot Cit	y, Md.
25A. [BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C FUNERAL	DIRECTOR	ADDRESS
NO	DV 12	1965 P.O. A	2 Fal	Lung	2601-03-	Pirector Ek Funeral Home -05 E. Madison	Street #F
VS 150	0-REV. 1/1/6	TI GOLLO	C, 440		1332 33	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	001000 #7



IMPORTANT examiner FUNERAL DIRECTOR: the chief medical

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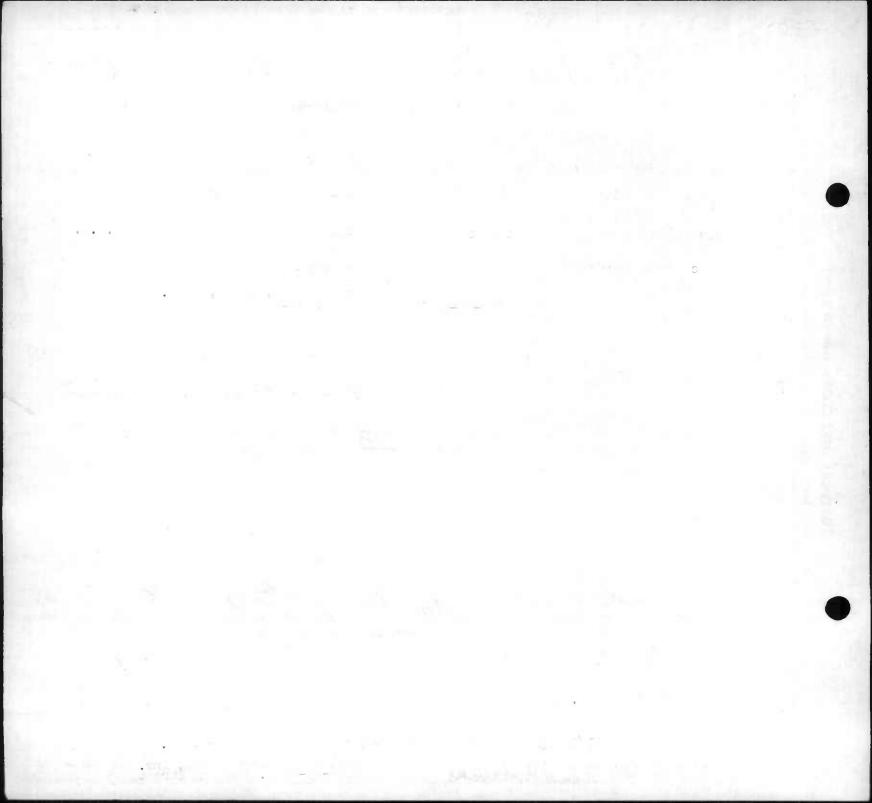
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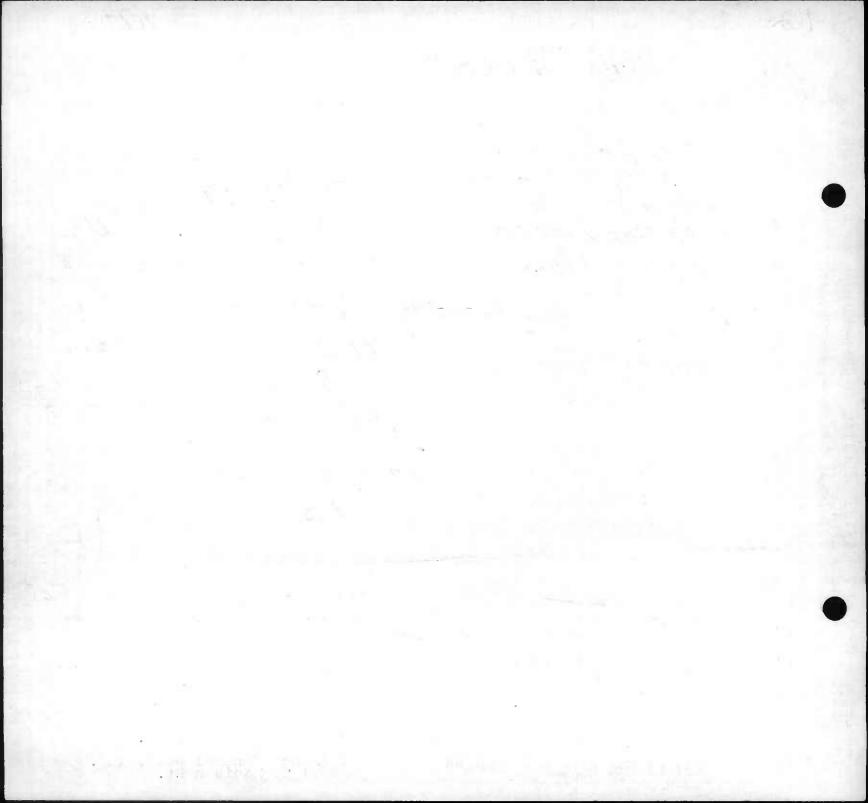
> > VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT 65 11536 CERTIFICATE OF DEATH Registered No. RIPTH NO M.E. CASE NO. I NAME OF DECEASED 2. DATE AND MOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE Whole R. COUNTY deceased lived. If institution; reside 3. PLACE OF DEATH IN (It not in haspital or institution, give street FILL NAME OF Maryland HD SPITAL DR address or lacation) (If autside city limits, write RURAL and give tawnship) INSTITUTION Baltimore Baltimore City Hospitals D. STREET ADDRESS (If rurol, give location) 4940 Eastern Avenue 21 205 818 North Madeira Street Baltimore, Maryland made 7. MARRIED, NEVER MARRIED R. DATE OF RIRTH 9. AGE (In years If Under 1 Yr. Manths: Days 5. SEX If Under 24 Hrs. WIDOWED, DIVORCED (specify) Haurs lost birthdoy) 10-5-1887 Female White Widowed. 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland at home Housewife 13. FATHER'S NAME Sposi 4. MOTHER'S MAIDEN NAME Wendeslaus Schultz Catherine Meka 15. Was Deceased Ever in U. S. Armed Forces? Gloria Weber, above, dght. 6. SOCIAL ADDRESS (Yes, na or unknawn) (If yes, give wor or dates of service) SECURITY NO. Records: BCH-4940 Eastern 21224 212-09-4847 Avenue CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OF CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if onv. rise to the above cause (A) stating the UNDERLYING CONDITION last. remains П DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DE CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar Na) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED No CERT 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (It in Boltimare City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical exomined etc. MEDIC/ obtained (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (M) (we) lost sow the deceased alive on and that in (my) (our) opinion death accurred on the date must and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Stoff Med. Director Phys. approval 23C. PHYSICIAM'S NAME (Type) William 23D. ADDRESS B. Cutts 4940 Eastern Avenue, Baltimore, Maryland 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Holy Redeemer Cemetery Baltimore. 25C. FUNERAL DIRECTOR Schimunek Funeral Home Inc. 2601-03-05 E. Madison Street 258, NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT.



BALTIMORE CITY HEALTH DEPARTMENT



contributing cause of death (4) Undetermined direct IMPORTANT assistant his FUNERAL DIRECTOR: chief medical examiner examiner. 3 medical (2) Body O the to the hospital approved

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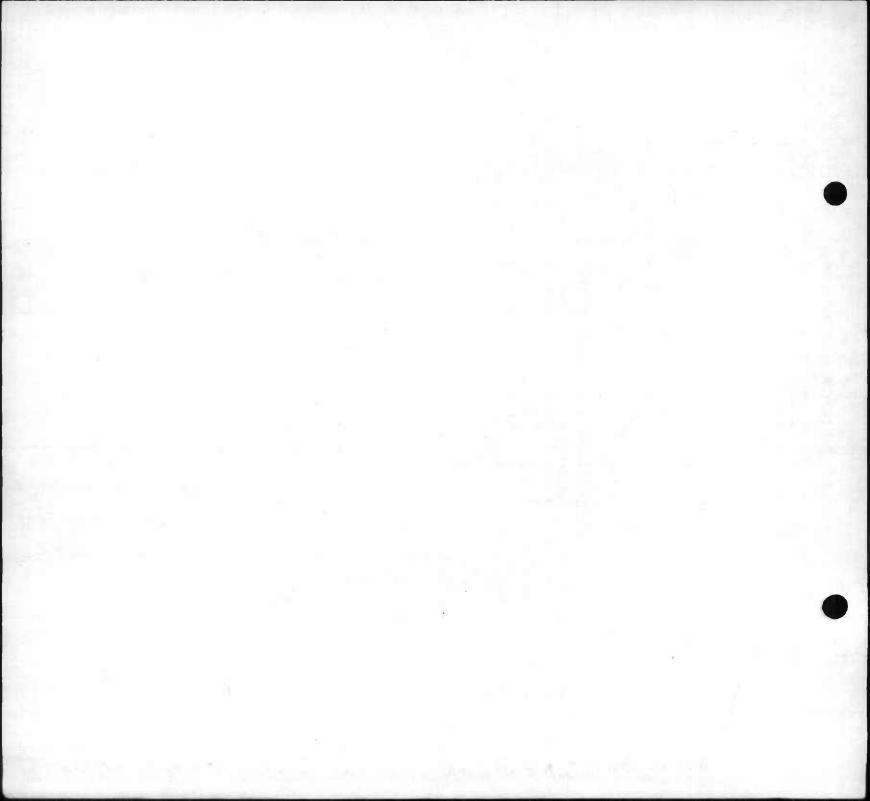
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na.5.5 CERTIFICATE OF DEATH Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH 30 (Type or Brint) LO 10 ATUSIC death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE

B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MAR before admission) attendance MEADOW (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C CITY OF TOWN (If outside city limits, write RUBAL and give township. 0 INSTITUTION prior D. STREET ADDRESS rural, give location .0 regular is mad 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. If Under 24 Hrs. deceased WIDOWED. DIVORCED Amecify) Months Days Hours lost birthdov 16A USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) = TIMOR Mas the 14. MOTHER'S MAIDEN NAME 13. FATHERS NAME death 0 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance CAUSE OF DEATH INTERVAL BETWEEN pronounced 1B. 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the made of dying, e.g., heart foilure, osthenia, etc. It means the disease, regular injury at camplication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, rise to the obave couse (A) stoling the 2 physician remains UNDERLYING CONDITION lost Was CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED the CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING _ CAUSE OF °Z MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While f (APPROX) At Work Work and 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an. 9 and that in (my) (aur) ppinion death accurred an the date pe death) hospital and haur and fram the causes stated abave. (1) (We) (ald) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. Staff 0 Phys. Director approval O 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS to M.D. was D.O.A. 24A. BURIAL CREMATION, 24B. 24C. NAME of CREMATORY eceased CEMETERY OF 24D. LOCATION (City town, or county) decease UEH ADDRESS 25B. NAME OF REGISTRAR 250. FUNERAL DIRECTOR VS 150-REV. 1/1/65



IMPORTANT DIRECTOR: medical FUNERAL the chief

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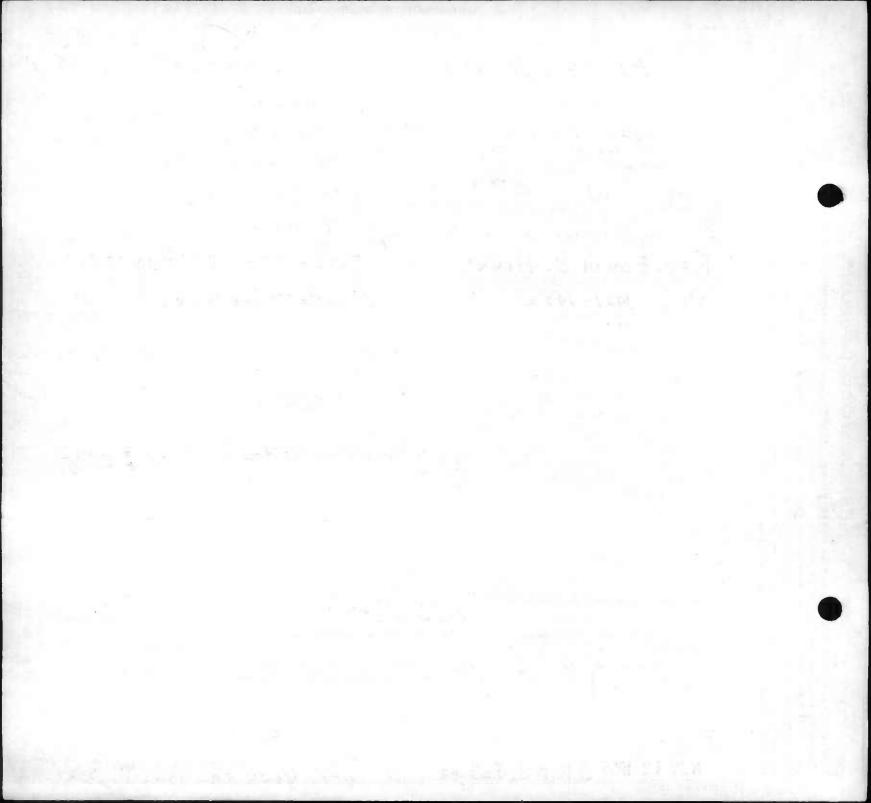
(4) Undetermined

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BALTIMORE CITY HEALTH DEPARTMENT 65 11539 Registered Na. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 6-3. PLACE OF DEATH IN BALTIMORE MARYL 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission MARY LAWD FULL NAME OF (If not in hospital or institution, give street oddress or location) ond give township) INSTITUTION OF BALTO HOSP, TAL Mest enstown Green SPRING D. STREET ADDRESS (If rurol, give location) AIN is made. 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Und Months: Doys Hours 5. SEX If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy -11-1900 12. CITIZEN OF WHAT COUNTRY? 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) Cleaning 13. FATHER'S NAME 14. MOTHER'S MAIDEN DWIN 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL final (Yes, ng or unknown) (If yes, give wor or dotes of service) SECURITY NO. MISS BETTY LEE HINKS OF CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not meon the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, injuly of complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, rise to the above couse (A) stoling the the remains UNDERLYING CONDITION last. CASMOINT ESTINAL Hemorrhead CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 210, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) etc.) DEATH (notify medical examiner) U MEDI obtained 21 D. TIME (Hour) (Month) (Doy) (Year) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an... 19 pe and that in(my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Stoff M.D. Med. 0 Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS approv NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) REMOVAL (Specify) written 25C. FUNERAL DIRECTOR

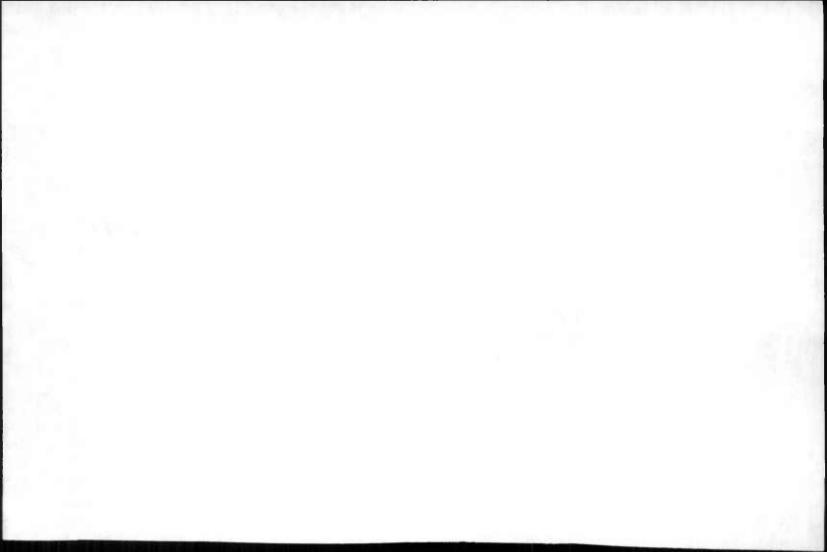


BALTIMORE	CITY	MEALTH	DEDA	DTAMENIT
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		ESTER THOMP			11-6-		6:00 P M.
. PLACE IN BAL	TIMORE, MARYLA	ND, WHERE PRONOU	NCED DEAD	A. STATE		leceosed lived. If insti- B. COU	tution: residence before odmission) NTY
FULL NAME OF	(IF NOT IN I	HOSPITAL OR INSTITU	TION, GIVE STREET		y Land	carparate limits, write	RURAL and give Jownship)
HOSPITAL OR	ADDKESS OF	LOCATION)				(178
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		or dotes of service)	SECURITY NO.		CTU	(00	
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18. 4	8,11		CAUSE	OF DEATH			ONSET AND DEATH
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OF INJURY	(Month) (Day)		E INJURY OCCURRED		M DID IN10	RY OCCUR?	
(APPROX.)		m. W	ORK NOT AT W	ORK			
22.	tify that I held	an Inquiry	Inspection Aut	apsy X and	that on this	s basis, death In m	y apinlan
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NAME	(Type) Rudig	er Breitene	cker, M.D.	ASSOCIATE ME	DICAL EX	AMINER	
23A. BURIAL CR	MATION, 238 D		NAME of CEMETERY O	CREMATORY	23 D. LC	CATION (City,	town, or caunty) (State)
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TO THE OFFICE FOR DEATH CERTIFICATE	
DIGESTIVE DISEAS REQUEST FOR DEATH CERTIFICATE	province and a
PROJECT M. STUDY NO. 780 0011 NEW REQUEST REPEAT DATE OF BIRTH 1912	•
DY TBD M. STUDY NO. 1800011 DATE OF BIRTH 1912	1.00
E OF DECEASED Rose Dorsh.	
TE OF DEATH 1965 AGE 53 SEX F RACE W	
ACE OF DEATH BOLLO CITY (City or town, County and State)	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1
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OTHER'S MAIDEN NAME Brightwell	
MAKE OF SPOUSE down Dorsh	-/ 1
HOSPITAL WHERE DEATH OCCURRED Church Home Hospital (Name, City and State)	
UNDERTAKER Zeller, Conklin St. (Name, City and State)	
CEMETERY Sacred Heart (Name, City and State)	1.67107
LAST KNOWN ADDRESS 3810 Foster Ave.	Oct
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SOCIAL SECURITY NUMBER	



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		BALTIMORE CITY	Y HEALTH DEPARTMENT			
11	MRTH NO. 65 11541	CERTIFICA	TE OF DEATH	Registered Na	AAFAA	
	NAME OF DECEASOR	~ /-	OPCOU) 2. DATE AN	D HOUR OF DEATH	11.541	
	Type or Print) Mrs. Rose !	1: Dersch (1010CH) //-	8-les	itution: residence before or mission)	
	FULL NAME OF (If not in hospital or institut	tion give street	A. STATE B. COUN		duffion: jesidence before onthission)	
	HOSPITAL OR oddress or location)	11	C. CITY OR TOWN (If out	side city limits, write RU	JRAL and give township)	
1	5 Church Home	+ Hosb -	D, STREET ADDRESS (III	rurol, give location1	The Callemone	
1			3810 Fo	stee Ave	240	
1	10)11= WIDO	DWED, DIVORCED (specify) ARRIED	B. DATE OF BIRTH 5-31-11	9. AGE (In years lost birthdox) 54	If Under 1 Yr. Months Doys Hours Min.	
	OA, USUAL OCCUPATION (Give kind of work 10B, KIN tone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	BALTIMORE	gn country)	12. CITIZEN OF WHAT COUNTRY?	
	Housewife A	T HOME	Marylas	resc	U.S.A.	
	Bles Amin Bright	well	father	Fretzo L)	
	5. Was Deceased Ever in U. S. Armed Foices? Yes, no or unknown (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INCORMANT	JOHO BI	ORSCH	
11,	NO -	NONE	Charl	3810 FOS	TER AVE. #24.	
	1B. 053,41	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
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	DISEASES OR CONDITIONS, if any, girise to the obave couse (A) stoting UNDERLYING CONDITION lost.			***************************************		
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	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED	
	WAS PERFORMED		ao	IN CERTIFYING CAU	SES OF DEATH?	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location!	
	21D. TIME (Month) (Doyl (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	(APPROX)	While At Not Whi Work At Work				
	22. I certify that (I) (this hospital) attend	led the deceased from	10-14-1	19 05 10	11-8 1965	
	that (1) (we) lost saw the deceased alive	an 11-8	19 Get and th	at In(my) (aur) opini	ian death accurred an the date	
and haur and from the couses stated above. (1) (We) (dld) (did nat) view the body after death.						
	23A. SIGNATORS 23B. DATE SIGNED M.D. Attending Med. Stoff 5					
	28.PHYSICIAN'S	Ph	ys. Director 23D. ADDRESS	Phys.	2. 7. 0	
1	NAME (Typel) E. Subla	WI ID M.D.	01	- Home	Horpital	
1	24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	REMATORY 24D. L	OCATION (City	, town, or county! (State)	
	BURIAL 11-10 - 65.	SACRED HEA	RT CEM. 74	OI GERMAN	HILL RD, BALTO, CO.	
1	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	7 14 9015	CONKLING ST,	
	NOV 12 1965 P. P. B 2.	Farley M.D.	Charles & p	serler Bi	9LT0,24,MD,	
1	/S 150-REV, 1/1/65		1 0 1 17 6			

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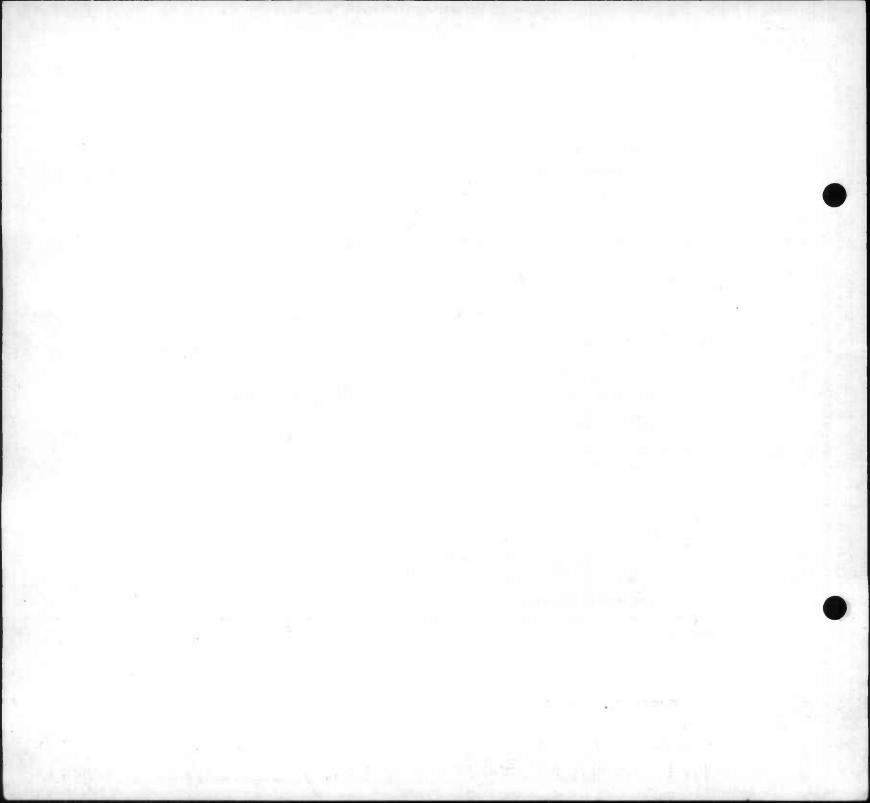
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BALTIMORE CITY HEALTH DEPARTMENT	
MRTH NO. 65 11543 CERTIFICATE OF DEATH Registered N.	° E5 11512
M.E. CASE NO. 1. NAME OF DECEASED 12. DATE AND HOUR OF DEAL	00 11040
(Type or Print) Beverly Knowles 11/9/65	912 PM
3. PLACE OF DEATH IN BALTIMORE, MANYLAND 4. USUAL RESIDENCE (Where degeosed lived, II	institution; residence before admission)
FULL NAME OF (If not in hospital or institution, give street Mary land (Ci	tu)
MOCRITAL OR	le RURAL and give township
Baltimore Baltimore	0100
University Hospital D. STREET ADDRESS (If rurol, give locotion)	51
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
WIDOWED, DIVORCED (specify) Den 1 1937 lost birthdoy)	Months Doys Hours Min.
10A USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign caunity)	12. CITIZEN OF
done during most of working life, even if retired) housewife at tome Maryland 13. FATHER'S NAME TUS Riddle Viola May Sm	WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	010,711
Gus Riddle Viola May Sm	ith
	ADDRESS
no / nospital charts	4 Hartford Rd
(Yes, no or unknown) (If yes, give wor or dotes of service) NO 18. 17/X SECURITY NO. 217-34-7642 hospital charts CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
The state of countries and countries and countries are stated as a second countries are stated as a	1
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. II meons the diseose, injury at camplication which coused death,)	though Several hrs
heart foiluse, osthenio, etc. It means the disease, injury at camplication which coused death,)	
ANTECEDENT CAUSES (B) CORCINOMO OF CORVI	x 14r
DISEASES OR CONDITIONS, if any, giving the disease to the phase cause (A) stating the	J
The to the obote cause it is stating into	
ONDERLING CONDITION 1051,	
UNDERLYING CONDITION Iosi. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199. CONDITION FOR WHICH OPERATION 199. ADATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? (Yes of No) 208. IF YES, WEI WAS PERFORMED	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	And the second second
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI IN CERTIFYING (WAS PERFORMED) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Bolton	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	nore City, give exact location!
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	1
22. I certify that (#) (this hospital) attended the deceased from 8/14 19/63 to	11/3 1965.
that (we) last saw the deceased alive on 11 5 and that in (aur) (our)	1 6
and hauf and from the causes stated abave. (1) (We) (did) (************************************	
23A. SIGNATURE	23 B. DATE SIGNED
Agusan L. Styward, Mr. Attending Med. Director Phys. B	11/9/65
23C. Physician's Name (Type) Susan L. Howard M.D. University Hosp.	

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY COUNTY)

REMOVAL (Specify)

Paral (Speci



the

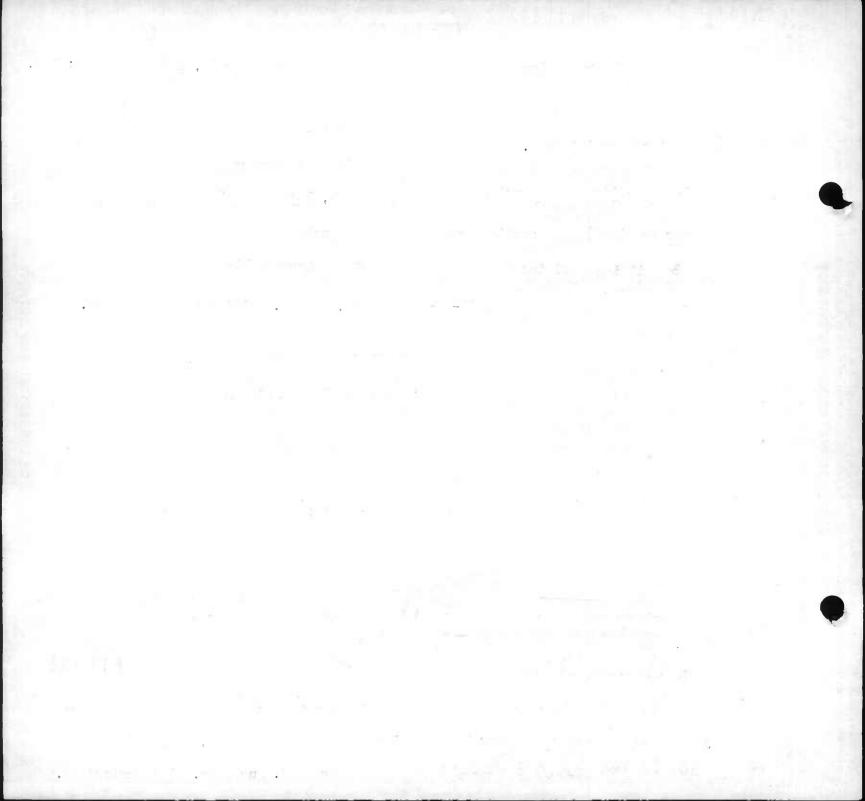
uo

death.

9

BALTIMORE CITY HEALTH DEPARTMENT 65 11544 BIRTH NO. CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) November 10, 1965 12:30 P.M. Elmer Collins
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A, STATE
8, COUNTY Maryland FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) (If outside city limits, write RURAL on give township) INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) Union Memorial Hosp. 3002 Iona Terrace If Under 1 Yr. If Und 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. Married DIVORCED (specify) lost birthdoy White Male May 27, 1898 67 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Owner (retired)
13. FATHERS NAME USA Parking Lots Kentucky 14. MOTHER'S MAIDEN NAME Agnes Walden William Collins 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mrs. Edna M. Collins 3002 Iona Terr. No INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl foilure, asthenia, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDI OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While I (APPROX.) At Work 22. I certify that (1) (this haspital) attended the deceased from 1965 that (1) (we) lost sow the deceased alive on... ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (Wa) (did not) view the body after death. 23A. SIGNATURE 238. DATE SIGNED Attending L M.D. Med. Stoff Phys. Director 23 CJPHYSICIAN'S

23 D. ADDRESS NAME (Type) BNTaase 24A. BURIAL CREMATION. 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) Lorraine Mausoleum Baltimore, Maryland Entombment 11/13/65 Lorraine Mg
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1965 Leonard J. Rick Inc. 5305 Harford Rd. VS 150-REV. 1/1/65



11/12/65.

65 11545

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH lived. If institution: residence before admission) (If outside city limits, write RURAL and give township) (If juiol, give lacation) Rosalie Ave. 9. AGE (In years If Under 1 Yr. Manths: Doys If Under 24 His. Hours last birthday) 12, CITIZEN OF WHAT COUNTRY? Lucy Daugher ADDRESS (Same) John Burns INTERVAL BETWEEN ONSET AND DEATH ternosileratic Heart Disease 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) 21F. HOW DID INJURY OCCUR? and that in (my) (our) apinion death accurred on the date 23B, DATE SIGNED 11. 10.65 (City, tawn, or county)

ivet (emetery B

Leonard J. Ruck Inc Baltimore, Md.

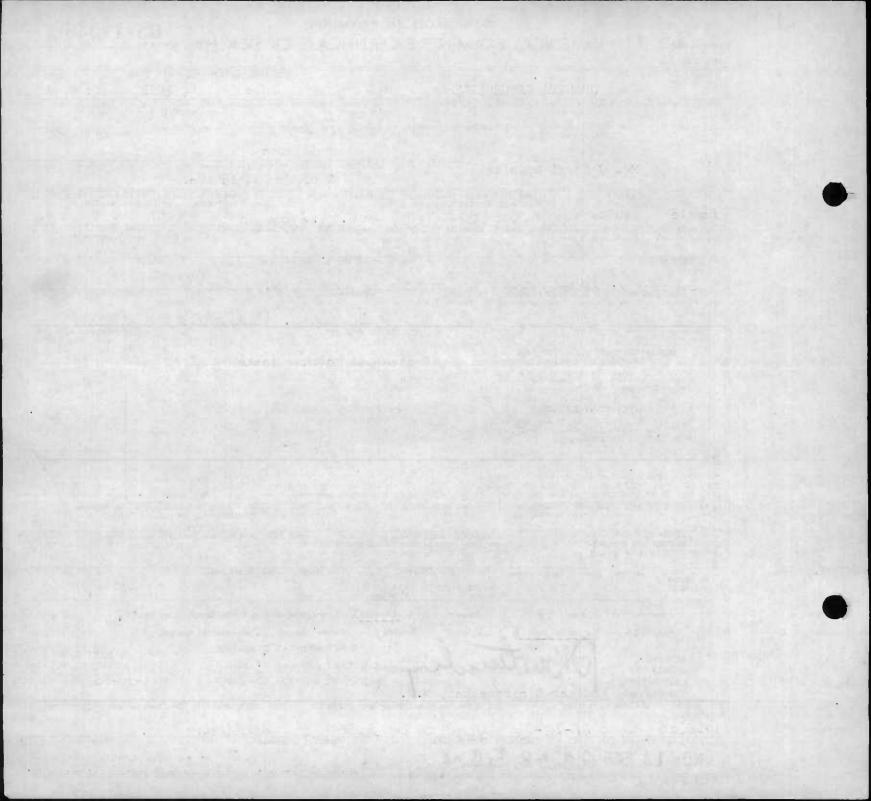
VS 150-REV. 1/1/65

NOV 12 1965 P. O.



V-536

1 65-2779		BALTIMORE CITY HEAI			C5 4354C
витн но65 11546	MEDICAL EX	AMINER'S C	ERTIFICAT	E OF DEATH Regist	65 11546 ered No
M.E. CASE NO.					
1. NAME OF DECEASED	UANITA VANDER	ттт		2. DATE AND HOUR PRONOUNG	1065 6 00 4
3. PLACE IN BALTIMORE, MARY			4. USUAL RESIDE	November 10,	stitution: residence before admission)
			A. STATE	yland B. co	UNTY
FULL NAME OF (IF NOT II HOSPITAL OR ADDRESS	N HOSPITAL OR INSTITU OR LOCATION)	JIION, GIVE STREET	C. CITY OR TOW	N (If autside corporate limits, wri	te RURAL and give township)
Md. Ge	neral Hospita	1		ESS (If rural, give location) 5 Woodsdale Ave.	
5. SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
female white	sing	DIVORCED (specily)	Nov. 5.		Manths Days Haurs Min.
toA. USUAL OCCUPATION (Give		BUSINESS OR INDUSTR		Stafe or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			Mary L	and	USH
13. FATHER'S NAME	/ / 1 . / ,		14. MOTHER'S MA	AIDEN NAME	
15. WAS DECEASED EVER IN U.	anderbilt S. ARMED FORCES?	16. SO CIAL	17. INFORMANT	hy J. Thomas	ADDRESS
(Yas, no or unknown) (If yes, give v	var ar dates of service)	SECURITY NO.	1 ,	0 1/ 1 1.1.	
11B.		CALLES	Lester	J. Vanderbilt	INTERVAL BETWEEN
134.3		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR COND LEADING T		Conge	nital hear	t disease	
(This daes not mean that heart foilure, osthenia, atc.	It magns the disgose,	DUE TO	****		
injury or complication whic	h coused deoth.)				
ANTECENDEN		(B)			
DISEASES OR CONDITION RISE TO THE ABOVE CAU UNDERLYING CONDITION	JSE (A) STATING THE	DUE TO			
	DN LASI.	(C)	**************************************		
II II					
OTHER SIGNIFICANT COI TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION	NOT RELATED TO T	HE	***************************************		
19A. DATE OF OPERATION	19B CONDITION FOR Y	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE FIN CERTIFYING CAL	
ZIA, EXTERNAL CAUSE WA		PLACE OF INJURY (e.g., farm, factory, street,	in or obout 21C. W	HERE DID (If in Boltimore City,	give exoct lecotion)
UNDERLYING OR CONTRIB-		, lum, lucidity, sheet,	umee biog., my oki	OCCOR:	
21 D TIME (Month) (D	ay) (Year) (Haur) 2	1 E. INJURY OCCURRED	21F. HC	W DID INJURY OCCUR?	
(APPROX.)		VHILE AT NOT	WHILE		
22. certify that I he	ld an Inquiry	Inspection Au	tonsy X and	that on this basis, death in	my opinlon
	oturol causes X A		process of the same of the sam		
T	11	1		DICAL EXAMINER	
ACTUAL SIGNATURE	World an	1 Le un		EDICAL EXAMINER	DATE SIGNED
EXAMINER'S	diger Breiter		ASSOCIATE M	EDICAL EXAMINER	11-10-65
23A. BURIAL CREMATION, 23B		C. NAME of CEMETERY	or CREMATORY	23 D. LOCATION (Cit	y, town, ar county) (Stota)
REMOVAL (Specify)	11-12-65	Gardens of	Faith (em Baltimore,	Md.
NOV 12 1965 (Robert E. Fo				Baltimore, Md.
VS 151-REV, 1/1/65			Leon	wed J. Hack Jill	- Durumorce, mu.



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. writte

VS 150-REV. 1/1/65

Such

65	4 4 5 4 17 1	CITY HEALTH DEPARTMENT	35. <u>11547</u>
M.E. CASE NO. 1, NAME OF DECEASED	CERTIFIC	CATE OF DEATH Registere	
Type or Print)	India M. Humphy		,
B. PLACE OF DEATH IN BALTIMORE,	3.000	4. USUAL RESIDENCE (Where deceased live	
FULL NAME OF (If not in hosp	nital or institution, give street	Md.	27-05
HOSPITAL OR oddress or loc		C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
) House In the Pa	ines Nursing Home	D. STREET ADDRESS (If rural, give location	
5837 Belair Road	1	6422 Rose	mont Ave.
Female White	7. MARRIED, NEVER MARRIED WIDOWED; DIYORCED (specify)	March 1, 1876.	89 If Under 1 Yr. If Under 24 H Months Days Hours Min.
8A. USUAL OCCUPATION (Give kind of done during most of working lite, even if retired to the second s		TRY 11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT, COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
(harle	s W. Walker	Helen	a Forsythe
5. Was Deceased Ever in U. S. Armed		17. INFORMANT	ADDRESS
No	167-05-62	08-D Mr. E.W. Himphr	Egs 8 Delight Ave
18. 170 X I	CAUS	E OF DEATH	INTERVAL BETWEEN .
DISEASE OR CONDITION LEADING TO DEA	DIRECTLY	Tili ala idi:	7 0
(This does not mean the mode	of dying, e.g., DUE TO	He ausoptin	d Kenty
heart failure, asthenia, etc. 11 me injury or complication which cau	ons the disease, used death.)	Topicalsorption crainora of Breast	3 44
ANTECEDENT CAU	SES (B) DUE TO	runova of voreast	Jeans
DISEASES OR CONDITIONS,			
UNDERLYING CONDITION lost.			· · · · · · · · · · · · · · · · · · ·
OTHER SIGNIFICANT CONDITION	S CONTRIBUTING		
TO THE DEATH BUT NOT I	RELATED TO THE		
U 19A. DATE OF OPERATION 198.	CONDITION FOR WHICH OPERATION PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218, PLACE OF INJURY (e. home, form, foctory, streetc.)	g., in or about 21 C. WHERE DID (If in 8, office bldg., INJURY OCCUR?	Boltimore City, give exact lacotion)
21 D. TIME (Month) (Day) (Y.	eor) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not V	While Oak	
22. I certify that (I) (this have	ital) ottended the deceased from	Vov. 16. 1962 10/	Wy 10, 19 65
that (I) (we) lost sow the dece	eased olive on Novig	19 6 5 and that in (my) (see	r) opinion death occurred on the d
and hour and from the causes	stated above. (I) (We) (dtd) (dtd)	t) view the body ofter death.	
23A. SIGNATURE			23B. DATE SIGNED
Michael &. 1	Jauseh M.D.	Attending Med. Staff Phys.	11/11/65
23C. PHYSICIAN'S NAME (Type) Michae	L.J. Dausch N	23D. ADDRESS .D. 4636 Bolas	1 Bolt- 1 mil
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of	01.	(City, town, or county) (State)
Burial 11/	13/65 Parkwood (e	metery Balt	imore, Md.
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS

eonara

Ruck Inc Baltimore, Md.

THERESTA When I want Michael J. Russel HEEF BUE FLIX COM

-4	Shap	ased/	+he &	Such	
	hospital	(5) Dece	ance on	and (6) No physician was in regular attendance on the deceased prior to death. Such	(
	d in a	d cause;	attend	prior to	6
5	occurre	ermine	regular	eased !	is mad
	if death	4) Under	was in	the dec	position
RTANT	ssistant	kind;	death	nce on	final dis
IMPO	or his a	re of any	nounced	attenda	Imed or
FUNERAL DIRECTOR: IMPORTANT	Kaminer	A fractu	who pro	regular	re emba
L DIRE	edical ex	urns; (3)	/sician	was in	mains a
JNERA	chief m	Body be	the phy	nysician	re the re
H	d by the	ture; (2)	t where	d oN (9	ed petol
	approve	f any na	l (excep); and (e obtain
	nust be	cident o	hospita	to death	il must b
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death);	written approval must be obtained before the remains are embalmed or final disposition is made.
	This cert	shows: (was D.C	decease	written

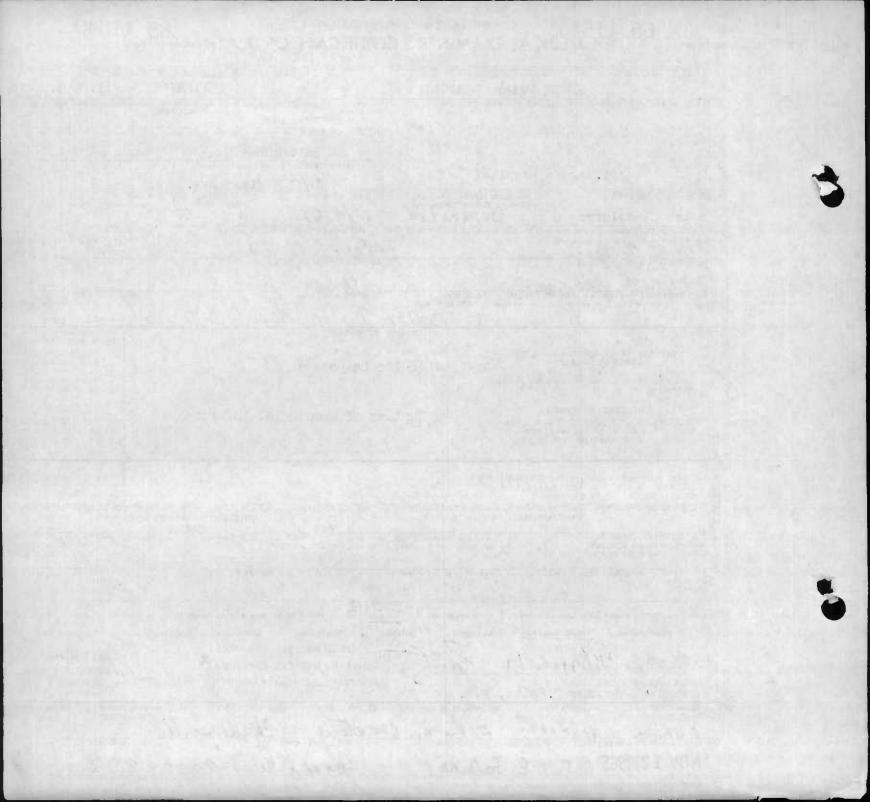
OE AATA	BALTIMORE CITY	HEALTH DEPARTMENT	65 11540
BIRTH NO. 65 1154 M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered	d No. 65 11548
NAME OF DECEASED	, , , , /	2. DATE AND HOUR OF D	DEATH
Cr 1a Como	(NMN) Valen	tino november	
DTTETO ALTIMORE MARYLA	ENDED	4. USUAL RESIDENCE (Where deceased five	ed. If institution: residence before admission
FULL NAME OF (If not in hospital or in:	stitution, give street	Maryland	0/07
HOSPITAL OR oddress or location) INSTITUTION	3/25/68	C. CITY OR TOWN (If outside city limits,	write RURAL ond give fownship)
4)/ _ // 00	D. STREET ADDRESS (If rurol, give location	
1 11 wind my	17/	7078 7/	A .
SEX G. RACE 7. N	AARRIED, NEVER MARRIED	8. DATE OF BIRTH 1887 9. AGE (In year)	
	VIDOWED, DIVORCED (specify)	9/25 liest birthday)	78 If Under 1 Yr. If Under 24 H Months Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTRY	11% BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of warking life, even if retired)	Construction	0//	WHAT COUNTRY?
REFILE CO.	Consociación	14. MOTHER'S MAIDEN NAME CA	wanna Maria Forteleo
S. FATHER'S NAME	Tomaso	G10	vanna Maria Forteleo
	ECHRO .	MANAGARA Arino	Scatti
S. Was Deceased Ever in U. S. Armed Forces? Yes, no, or unknown) (If yes, give wor or dotes of		17. INFORMANT	ADDRESS
No	213018779	Mrs Geraldine	(your rel
18. 541.0	CAUSE O	F DEATH 52 m dr. bneument	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY A	6: 1 - 40:00 01	
LEADING TO DEATH (This does not meen the mode of dying)	(A)CLEAL	agga a sould	1046
heart failure, asthenia, etc. It means the	diseose,	11	
ANTECEDENT CAUSES	n. hus	denot when with	
	DUE TO	hemorton	21 6
DISEASES OR CONDITIONS, if any, rise to the above cause (A) slot			She
UNDERLYING CONDITION lost.			70
Z	2001	1 1 0 1 .	
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED	TO THE CONCLUS	1 atenoselevis	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes of Not 20B. IF YES,	WERE FINDINGS CONSIDERED
WAS PERFORM	KED	IN CERTIFYIN	IG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 27 C. WHERE DID (If in B	Boltimore City, give exact location!
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	home, form, foctory, street, of	mice blog., INJURY OCCUR:	
O 21 D. TIME (Month) (Doy) (Yeor) (H.	out) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY (APPROX.)	While At Not While	e 🦳	
+	Work At Work	11/2	11/12
22. I certify that (I) (this hospital) at	11/1-	11/9 1962 to	11/6
that (1) (we) last saw the deceased of			ur) opinian death occurred on the
and hour and from the causes stated a	bove. (1) (We) (did) (did not) v	view the body ofter death.	
23A. SIGNATURE	2 / 20 40 40	Adad — Staff —	23B. DATE SIGNED
Donald Ski	Hall M.D. Atte	s. Med. Stoff Phys.	11/10/65
23C. PHYSICIAN'S NAME (Typet		UNION MEMORIAL HOS	SPITAL
DONALD G. HALL	M.D.	UNION MEMORIAL HOS	OI IIME
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRI		(City, town, or county) (Stote
Burial 71/13/65	St. Stanislan	us Baltimon	re, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR		
NOV 12 1965 10 0 E Q	FarberMa	Leonard J. Ruck In	ic., 5305 Harford
VS 150-REV. 1/1/65	1000		0

Baptism record for Giacomo Valentino--born 9/25/87 in Provincia di Sassari, Comune di Calangianus, Italy.

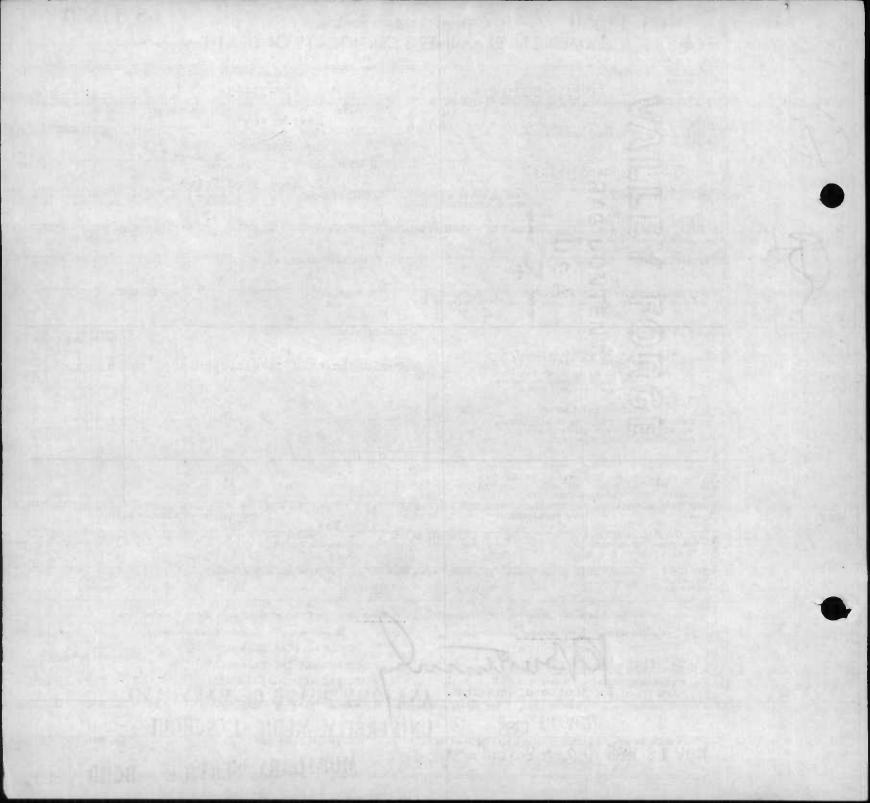
Info. re parents from Italian Consul, Mr. Otto Felluca.

B-550

	65 11549 MEDICA E CASE NO.	BALTIMORE CITY HEAL	TH DEPARTMENT	65 1	1549	
	TH NO. MEDICA	L EXAMINER 3 CI	EKTIFICATE OF DI	EAID Registered No.		
_	E. CASE NO. NAME OF DECEASED			HOUR PRONOUNCED DEAD		
	pe or Print) SIMON Pe	ter BOHANAN	2. DATE AND	11/9/65	, 11:25 a.	
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where de		M.	
			A. STATE Maryland	B. COUNTY		
FUI	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside of	corporate limits, wite RURAL	ond give township)	
INS	TITUTION		Baltimore	14	CA	
1			D. STREET ADDRESS (If rurol, gi	ive location)	100	
	St. Agnes Hos	spital	1/07 Madis	son Ava		
5, 5		RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Und	er 1 Yr. If Under 24 Hrs.	
	male colored WIDO	SEPATATED	12/9/07	lost birthdoy) Months	Doys Hours Min.	
	USUAL OCCUPATION (Give kind of work 10B. K		11. BIRTHPLACE (State or foreign		ZEN OF	
	e during most of working life, even if retired)		funior no		AT COUNTRY?	
13.1	FATHER'S NAME		14: MOTHER'S MAIDEN NAME	,	4. 4. 77	
	Calan B B. P.		1 1			
15.	WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16. SO CIAL	17. INFORMANT	ADDRE!	ss A ouil	
(Yes	s, no or unknown) Ilf yes, give wor or dotes of se	security No.	me DD	1621 20	PAGELTY 10	
		227-13-6154	The fen russe	L'Dekanar IL	EUshmerd	
	18.420,	CAUSE	OF DEATH		ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
	(This does not meen the mode of dying e.g.,					
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)					
	ANTECENDENT CALISES					
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GI	VING (B) Ruptu	re of myocardial	infarct		
	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE				
z	ONDERCHING CONDITION EAST.	(C)	•••••		••••••	
CERTIFICATION	II					
V V	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED					
TE	DISEASE OR CONDITION CAUSING IT.					
CER	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	B. IF YES, WERE FINDINGS I CERTIFYING CAUSES OF D		
	21 A. EXTERNAL CAUSE WAS		yes	ves		
EDICAL	UNDERLYING OR CONTRIB-	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	office bidg., INJURY OCCUR?	in Boltimore City, give exoct	locotion)	
MED	UTING CAUSE OF DEATH.	erc,				
2	21D TIME (Month) (Doy) (Year) (Ho	OUT) 21 E. INJURY OCCURRED	21F. HOW DID INJUR	Y O CCUR?		
	(APPROX.)	m. WHILE AT NOT W	ORK			
	22. 1 certify that 1 held an Inquiry	Inspection PA	BTIAL and that on this	basis, death In my apini	an an	
9					211	
	resulted fram: Natural causes	Accident Suicide		determined manner		
	ACTUAL 111/2010	1 5/-	- CHIEF MEDICAL EXA	and.	DATE SIGNED	
	SIGNATURE WORK	1- 30 M.D.	ASSISTANT MEDICAL EXA		9/65	
	EXAMINER'S NAME (Type) Werner U.Spit	MD	ASSOCIATE MEDICAL EXA	MINER	,, 0,	
23A	BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY o	CREMATORY 23D. LOC	CATION (City, town, or	county) (Stote)	
	MOVAL (Specify)	20 0	1 01	1 81 1	1	
244	DUBIAN 1/110/60	portunan C	mercy you	idensially lo	ADDRESS	
244	A. DATE REC'D BY HEALTH DEPT. 248. 1	NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS 2/2/6	
	NOV 12 1965 Rep 8	Fallenna	Joseph & Tue	10 2222 W7	rortplive	
VS	151-REV. 1/1/65		11			



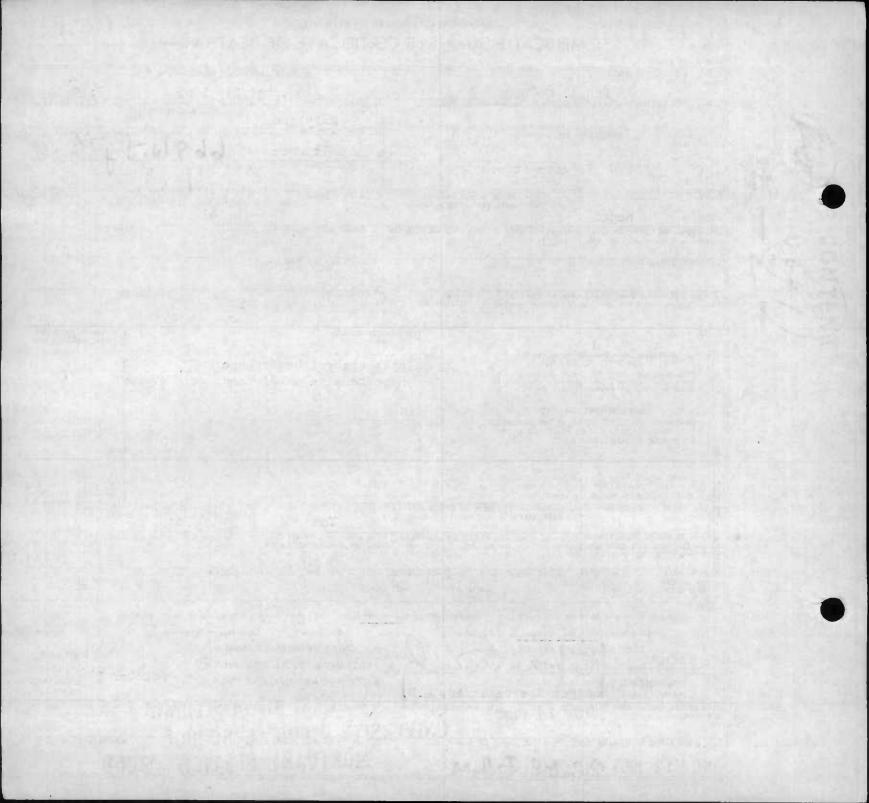
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 2. DATE AND HOUR PRONOUNCED DEAD 3:04 A M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission) B. COUNTY C. CITY OR TOWN (If outside corparate limits, write RURAL and give township) 25 Maplewood Drive 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths | Days | Haurs | Min. last birthday 2. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease, severe OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at Na) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? $\overline{0}$ Yes Yes EDICAL 21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME (Manth) (Day) (Year) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Haur) OF INJURY WHILE AT NOT WHILE AT WORK 22. Autopsy X I certify that I held an Inquiry Inspection and that an this basis, death in my aplnian resulted fram: Natural causes X Accident Sylicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINERX SIGNATURE 10-29-65 ASSOCIATE MEDICAL EXAMINER NAME (Type) R. Breitenecker, M.D. A 11 23D. LOCATION' A A 23A, BURIAL CREMATION. 238, DATE 23C. NAME of CEMETERY CREMATOR (City, fawn, ar county) REMOVAL (Specify) 248 NAME OF REGISTRAR ADDRESS 24A. DATE REC'D BY HEALTH DEPT 4C. FUNERAL DIRECTOR E tarbuna VS 151-REV. 1/1/65



1 W-350	BIRTH NO. M.E. CASE NO.	11551 MED	ICAL EX	BALTIMORE CITY HEAL (AMINER'S C	TH DEPARTMENT ERTIFICATE O
W. 100	1. NAME OF DE	CEASED			2. DATE
	(Type of Film)	LEE A. V	OODEN		Octo
(A)	3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE Maryland C. CITY OR TOWN (H o Baltimore
\$ 00		669 W Fayett	e Stree	t	D. STREET ADDRESS (II
	5. SEX male	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH
		UPATION (Give kind of war working lile, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I
$\langle n \rangle$	13. FATHER'S NAM	ME			14. MOTHER'S MAIDEN N
		ED EVER IN U.S. ARMEE		16. SO CIAL SECURITY NO.	17. INFORMANT
	1B. 44 14	73X.		CAUSE	OF DEATH
		ASE OR CONDITION DI LEADING TO DEATH not mean the mode of e, osthenio, etc. It meons amplication which caused		DUE TO	racerebral hemo

BIRTH NO. MED	ICAL EXAMINER'S C	ERTIFICATE OF DEATH Regis	stered No
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print)	100DEN	2. DATE AND HOUR PRONOUN	
LEE A. V		October 27, 1965	n stitution: residence before odmission)
FIRST OF THE NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland	OUNTY
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCATION)	ATION)	Baltimore Baltimore	rite RURAL and give township)
669 W Fayett	te Street	D. STREET ADDRESS (If rurol, give locotion)	-12
5. SEX 6. RACE negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In yeo last birthdoy) 41	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min
	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMEI		17. INFORMANT	ADDRESS
18. 44 4 - X	CAUS	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of heart foilure, osthenio, etc. It mean injury or complication which coused ANTECENDENT CAUS	d dying e.g., but To hy deoth.)	racerebral hemorrhage pertensive cardiovascular o	lisease
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	ANY, GIVING DUE TO		
<u> </u>	() Incommendation	***************************************	***************************************
OTHER SIGNIFICANT CONDITIONS	LATED TO THE		
19A. DATE OF OPERATION 198, COM		Yes Yes of No. 208. IF YES, WERE IN CERTIFYING YES	FINDINGS CONSIDERED
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, office bldg, INJURY OCCUR?	give exoct locotion)
21 D TIME (Month) (Doy) (Year (APPROX.)	WHILE AT NOT	WHILE	
22.			
resulted from: Notice Co	Accident Suicident	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE	Julusus y	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	Breitenecker, M.D	ASSOCIATE MEDICAL EXAMINER	October 27, 1965
23A. BURIAL CREMATION, PREMOVAL (Specify) 238 DATE 1	1 1965 LINITER	GIERMANDE AND 200 TO CHINANS Y LO	(Stotel
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	131 24C FUNERAL DIRECTORL SCHOOL	ADDRESS
NOV 12 1965 R.C. B	E. Farluma	MORTUARY SERVICE	- BCHD
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year OF INJURY (APPROX.) 22. I certify that I held on resulted from: Notuce co	home, form, foctory, street, etc., on (Hour) 21E. INJURY OCCURRED WHILE AT NOT AT V Inquiry Inspection Au Juses X Accident Suicid Breitenecker M.D. 24B. NAME OF REGISTRAR	Office bldg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE PROPERTY ON THE DISTRIBUTION OF THE PROPERTY OF	DATE SIGN October 27, 19 Application or county) (Sh

65 14551



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	Specie	4	1	0
	1	1)	
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1. NAMI (Type or	Print)	ASED					2. DATE AN	D HOUR PRONOUNCE			20	
3 PLACE	IN RALTI	MORE MARYL		AMES	E. CLU		ENCE / Where	11/2 deceased lived. If insti	, -		:30 8	M.
3. 1EACE						A. STATE		B. COU	NTY			
FULL NA HOSPITA INSTITUT	LOR	ADDRESS C	HOSPITA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TO	VN (If outsid	e corporote limits, write	RURAL	and give	townsh	ip)
Maillo	ION						Baltimo		-0	3	?	
0						D. STREET ADD					71	114
5. SEX		W. Lo	mbaro		NEVER MARRIED	8. DATE OF BIRT		Lombard St		1 Y.	If IInde	r 24 Hrs
					DIVORCED (specify)	o. DATE OF BIRT		9. AGE (In years lost birthday)			Hours	
male		white	nd of work	TOR KIND O	F BUSINESS OR INDUS	TRY 11. RIPTHPLACE	State or fareig	74	12. CITI:	FN OF		<u>i </u>
		orking life, even i		l la	, 50311233 08 111503	The state of the s	erote of torong	, coomy		AT COL		
3. FATH	ER'S NAMI					14. MOTHER'S M	AIDEN NAM	E				
		EVER IN U.S.			16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	S		
(105, 110 0	runknowin	ii yes, give wo	or dote	s of service	JECOKITI NO.							
18.	11.5	1111			CAU	SE OF DEATH					VAL BE	
	DISEAS	I E OR CONDIT	ION DII	RECTLY						ONSE	TAND	DEATH
/11		LEADING TO	DEATH		(A)	teral Brond	chopnew	nonia				
he	ort foilure,	ot meon the osthenio, etc. plicotion which	It meons	the discose,	DUE TO							
		TTE CEN DENT	CALIST				CHAIR T					
DI		R CONDITIO			(B)				************			
RIS	SE TO THE	ABOVE CAUS	SE (A) ST	ATING THE								
Z			19		(C)							
CATION	THER SIGN	IFICANT CON	DITIONS	CONTRIBUTI	NG							
F IC	THE C	CONDITION	NOT REL	ATED TO								
		OPERATION I	9B. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FIL	NDINGS (CONSID	ERED	
O			VAS PERI	FORMED		yes		IN CERTIFYING CAUS	SES OF D	EATH?		
		CAUSE WAS		21 B.	PLACE OF INJURY (e.	office bldg INTURY	VHERE DID	(If in Boltimore City, gi				
E UTIN	G CAUS	E OF DEATH.		etc.)								
	TIME	(Month) (Do	(Yeor) (Hour)	21 E. INJURY OCCURRE	D 21F. H	DW DID INJU	JRY OCCUR?	9-11			
(APP	ROX.)			m.	WHILE AT NO	T WHILE WORK						
22.	l certi	fy that I held	lon li				d that on th	is bosis, death in m	v onini	on		
		ed from: Nat		E27	Accident Suid			Undetermined manne				
	.03011	-	5,0, 63	, , , , , , , , , , , , , , , , , , ,	3010		EDICAL EX					
-	ACTUAL	114	1	rer b	16-1-	D, ASSISTANT M				DA	TE SIG	NED
	SIGNATU											

24A. DATE REC'D BY HEALTH DEPT.

EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify)

248 NAME OF REGISTRAR

ADDRESS

11/2/65

NOV 12 1965 Robert E. Farluma

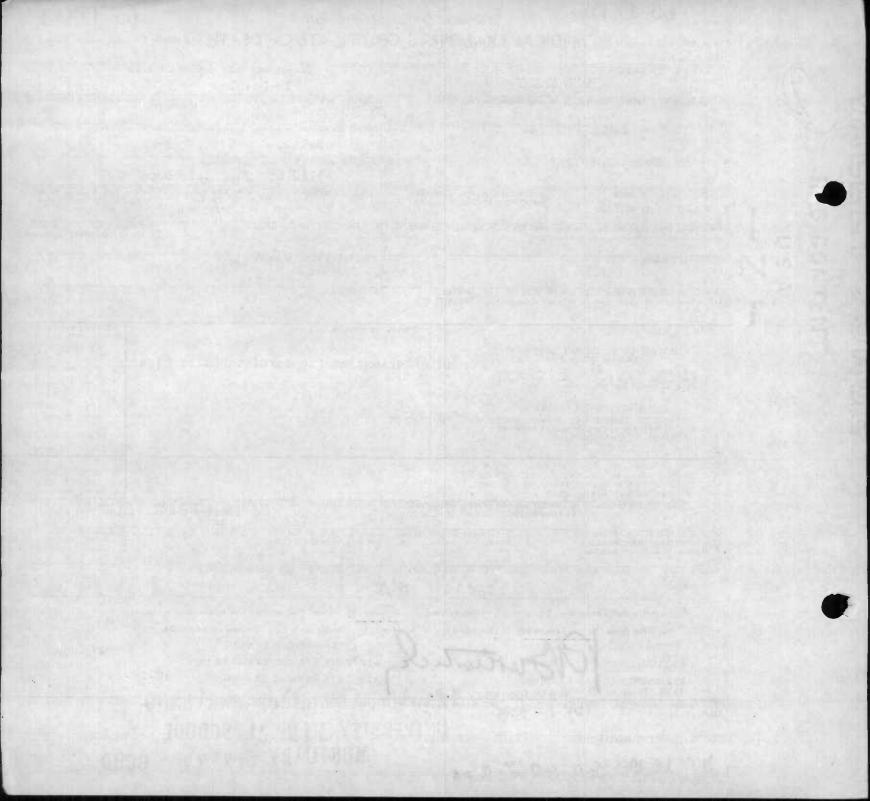
THE PERCHAPTOR OF THE

Ex () () ()	BALTIMORE CITY HEALTH DEPARTMENT

NOV 12 1965 P. C. S. Taley M. VS 151-REV. 1/1/65

65 11553

BIRTH NO.	MED	CAL EX	CAMINER'S C	ERTIFICATE C	F DEATH Registe	ered Na.	
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) DATIT VDTTV				2. DATE AND HOUR PRONOUNCED DEAD			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					0-29-65	5:50 A	
3. PLACE IN BA	LIIMOKE, MAKILAND, W	HERE PRONO	UNCED DEAD	A. STATE Md.	B. CO	titution: residence before admission	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.				
N	Mercy Hospital			D. STREET ADDRESS (III		Room #207	
5. SEX male	1e 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily)			B. DATE OF BIRTH	9. AGE (In years last bythday)	If Under 1 Yr. If Under 24 H Months, Doys, Hours, Min	
	10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)			(RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NA	ME	1414		14. MOTHER'S MAIDEN	NAME		
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
18.	22.1.		CAUS	E OF DEATH		INTERVAL BETWEE	
NO THER SIT TO THE DISEASE	re, ostherio, etc. It meons complication which caused ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S (ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	CONTRIBUTI	THE				
Yes yes						ISES OF DEATH?	
OUNDERLYING	IAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJURY OCCU	OID (If in Boltimore City, g IR?	give exact location)	
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo			21F. HOW DID	INJURY OCCUR?		
22. I ce	ertify that I held an I				an this basis, death in		
res	ulted from: Natural co	uses X	Accident Suigi		Undetermined mann		
	TURE INER'S	Teir	tion litter	ASSISTANT MEDICA		DATE SIGNED	
23A. BURIAL C REMOVAL (Spec	REMATION, 23 PATE 1	1 1000	er, M.D.	MERIMADO ARD	G. To GATION Y LOA	(Stole)	
24A. DATE REC	D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL DIRE	CAL SCHOOL Y SERVICE	- BCHD	



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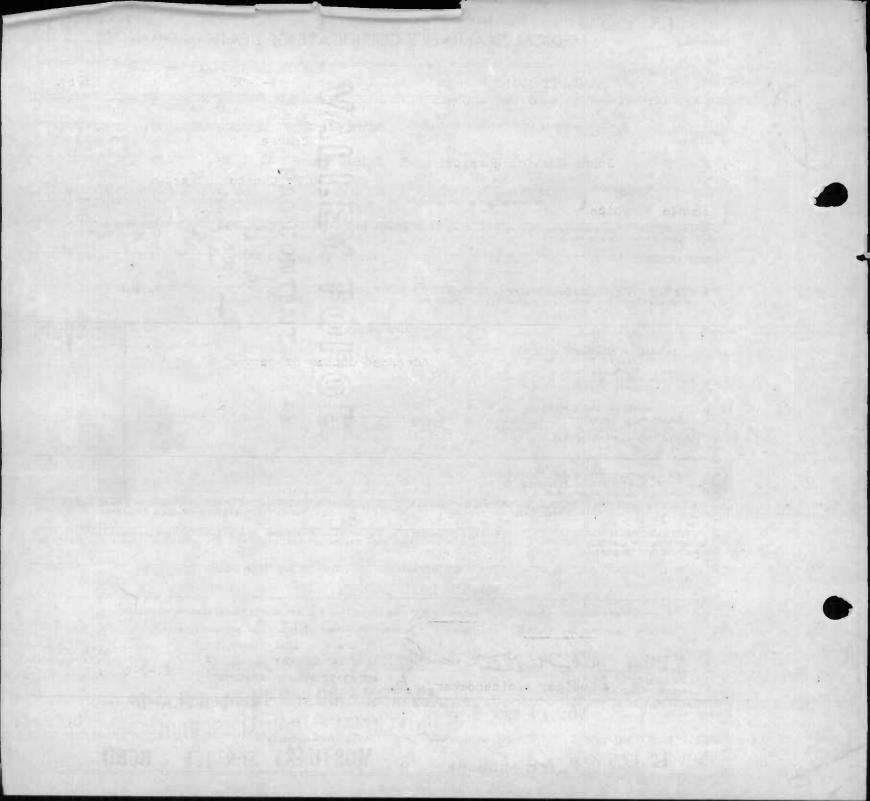
0 0 7 7 6	
11354	BALTIMORE CITY HEALTH DEPARTMEN

65 11554

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.	E CASE NO.									
	Pe or Print)	MARGARE'	T SWANN			2. DATE AND 11-7-	HOUR PRONOUNCE	D DEAD	7:4	
3. 1	LACE IN BALT	MORE MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL A. STATE	RESIDENCE (Where d	eceosed lived. If instit	tution: resid	lence before ad	lmission)
HO	LL NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET		Maryland Town (H outside Baltimore	corporate limits write		d give townshi	ip)
1	3	Johns Ho	pkins Ho	ospital	D. STREET	ADDRESS (If rurol,				
5. 5	EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF		ster Street		1 Yr. If Under	24 Hrs.
	female	white		DIVORCED (specify)			lost birthdoy	Months	Doys Hours	Min.
		JPATION (Give kind of work working life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPL	ACE (State or foreign	country)	12. CITIZE WHA	T COUNTRY?	1
13.	FATHER'S NAM	NE .			14. MOTHE	S MAIDEN NAME				
		D EVER IN U.S. ARMED (If yes, give war ar date		SECURITY NO.	17. INFORM	ANT		ADDRESS		
ERTIFICATION	(This does heart lailure injury or co	SE OR CONDITION DI LEADING TO DEATH not meen the mode of the statement coused ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	dying e.g., s the discose, death.) ES NNY, GIVING TATING THE CONTRIBUTIN	(C)	ced car	cer of cer	vix			
CERT		OPERATION 198. CON	IDITION FOR	WHICH OPERATION	No No		OB. IF YES, WERE FIN N CERTIFYING CAUS			
EDICAL	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., , form, factory, street,	in or obout 2 office bldg., II	TC. WHERE DID ()	f in Boltimore City, giv	ve exact lo	cation)	
ME		(Month) (Day) (Yeo	V	TE INJURY OCCURRED WHILE AT NOT NORK AT N	WHILE WORK	IF. HOW DID INJU	RY OCCUR?			
	22. 1 cer	tify that I held an I			utopsy 🗌	ond that an this	bosis, deoth In m	ny opinior	1	
	resu	ted from: Natural ca	uses X	Accident Suici	de 🗌 H	omicide U	ndetermined manne	or 🗌		
	ACTUA	L //	1. 7			F MEDICAL EX			DATE SIG	NED
	SIGNAT	URE Pudigo	r Breit	enecker M.D.		TE MEDICAL EX		1-7-6.	5	
23,	NAME (- ypc/		C. NAME OF CEMETERY	OF CREMATO	MOARD306	CARDIN RY CIA	town, or o	county) (:	Stote)
	MOVAL (Specil	y) NUV	1 1 1985	UNIVI	ERSITY	MEDICA	L SCHOO			
24		BY HEALTH DEPT.		OF REGISTRAR		TILL DIV	Chuice		DDRESS	
	MAAA 15	1965 Rout	18. Fa	Deuta 1	MUK	TUARY S	EKVILE -	BCF	IV	



	1 /	
w	6	6

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give towns! Baltimore D. STREET ADDRESS (If rurel, give locosion) Provident Hospital 7. MARRIED, NEVER MARRIED Widoweck, DivorceD(specify) Married 104. USUAL RESIDENCE (Whore docoosed lived, if institution: residence before of a. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give towns! Baltimore D. STREET ADDRESS (If rurel, give locosion) 1040 Edmondson Ave. 8. DATE OF BIRTH 9. AGE (In yoors lost birth book of string) 104. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Middlesex Co. Va. 13. FATHER'S NAME ROBERT Braxton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO.) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO.) 219-30-7235 Emma Keys 811 N. Calhoun St. CAUSE OF DEATH	BIRTH NO.	MED	ICAL EXAMINER	R'S CER	TIFICATE OF	DEATH Registe	ered No.
Type of Print Type of Type Type of Type T	M.E. CASE NO.					and the second	
Provident Hospital S. SEX Provident Hospital S. SEX O. STACE TOUR DESCRIPTION IGNORAL DESCRIPTION TO THE SEASON RECORD TO THE PROVIDENCE DESCRIPTION S. SEX O. STACE TOUR DESCRIPTION IGNORAL DESCRIPTION TO THE SEASON RECENT TO THE PROVIDENCE DESCRIPTION S. SEX O. STACE TOUR DESCRIPTION IGNORAL DESCRIPTION TO STREET ADDRESS IN more, give laceston TO STREET ADDRESS IN more address to give laceston TO STREET ADDRESS IN more, give laceston TO STREET ADDRESS IN more address in m	1. NAME OF DE	CEASED			2. DATE	AND HOUR PRONOUNC	ED DEAD
Linder Security	1,700 01 11111	ELL	A WEAVER			11/8/6	65 10:40 p. M
HAND OF ADDRESS OR LOCATION, GIVE STREET ADDRESS OR LOCATION, GIVE	3. PLACE IN BAL			4.	USUAL RESIDENCE (Who	ore docoosed lived. If inst	titution: rosidenco before admission
Baltimore D. STREET ADDRESS (If nord, give locosion) Provident Hospital S. SEX O. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(Speedy) Aug.1, 1905 Aug.1, 1906 Aug.1, 1905 Aug.1, 1905 Aug.1, 1905 Aug.1, 1905 Aug.1, 1906 Aug.1, 1905 Aug.1, 1905 Aug.1, 1905 Aug.1, 1906 Aug	FILL NAME OF	(IF NOT IN HOSPIT	AL OF INSTITUTION CIVE STI				
Provident Hospital District Colored District C	HOSPITAL OR	ADDRESS OR LOC	ATION)	KEET			e RURAL and give township)
Provident Hospital Colored	IN SILTO IION				Baltimor	9	h- NI
S. SEX S. RACE T. MARRIED NEVER MARRIED S. DATE OF BISTH C. ACE In yoon Married Ma	9			D	STREET ADDRESS (If ru	rol, givo location)	
S. SEK S. RACE	/	Provident Hos	mital		1040 Ed	mondson Ave.	
Italian			7. MARRIED, NEVER MARRIE		DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. If Under 24 Hr
IDA. USUAL OCCUPATION [Give kind of work 108. RND OF BUSINESS OR INDUSTRY II. BETHPLACE (Stote or foreign country) 2. CITIZEN OF WHAT COUNTRY?	female	colored			110 7 7 7 005	lost birth 60	Months Doys Hours Min.
done during good of dyoning life, evan if relired) DOMESTIC Middlesex Co. Ve. I. MOTHER'S NAME ROBERT Braxton I. WAS DECEASED EVER IN U.S. ARMED FORCES? Yos, no or unknown, lift yes, give wor or doles of service) NO. 10. SCOLAL SECURIT NO. 219-30-7235 Emma Keys 811 N. Calhoun St. CAUSE OF DEATH INTERVAL BI ONSET AND III. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean file mode of dying e.g., head follow, osthemia, otc. II means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITION LAST. OTHER SIGNIFICANT CONDITION LAST. (C). OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS MADDERED WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Beltimoro City, give exact location) 21C. AUTOPSY? (Yos or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Beltimoro City, give exact location) 21C. AUTOPSY? (Yos or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21D. AUTOPSY? (Yos or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21D. TIME CAUSE OF DEATH. 21D. TIME (ACAUSE OF DEATH. 21D. TIME (Monith) (Day) (Yoo) (Hour 21E INJURY OCCURRED OF DEATH. 21D. TIME (ACAUSE OF DEATH. 21D. TIME (Monith) (Day) (Yoo) (Hour 21E INJURY OCCURRED OF DEATH. 21D. TIME (Monith) (Day) (Yoo) (Hour 21E INJURY OCCURRED OF DEATH. 21D. TIME (Monith) (Day) (Yoo) (Hour 21E INJURY OCCURRED OF DEATH. 21D. TIME (Monith) (Day) (Yoo) (Hour 21E INJURY OCCURRED OF DEATH. 21D. TIME (Monith) (Day) (Yoo) (Hour 21E INJURY OCCURRED OF DEATH. 21D. TIME (Monith) (Day) (Yoo) (Hour 21E INJURY OCCURRED OF DEATH. 21D. TIME (Monith) (Day) (Yoo) (Hour 21E INJURY OCCURRED OF DEATH. 21D. TIME (Monith						roign country)	12. CITIZEN OF
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HOSPITAT	L OR ION	ADDRESS OR LOCA	TION)				11	7	
1						Baltimore		00	
	Cit	y Hospitals			D. SIREEL A	DDRESS (If rurol	, give locomon/		
			17 AAAAAA	NIELZER AA ARRIER	B. DATE OF	711 Josep	hine St.	If Under 1 Yr, If Under	24 H.
5. SEX		6. RACE colored		NEVER MARRIED DIVORCED (specify)	B. DATE OF	BIKITI		Months Doys Hours	
mal			Marr		April	30,192	1 44		
		PATION (Give kind of work vorking life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLA	CE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?	
	abor		Produ	ice		mouth V			
13. FATH	ER'S NAM	E	2		14. MOTHER'S	MAIDEN NAN	1E		
		J	LEVAN		1	5			
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMA	NT	A	DDRESS	
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	DISEAS	E OR CONDITION DI LEADING TO DEATH		Description		rda acma	identing ereni	0-	
(TI	his does n	of mean the mode of	dying, e.g.,	A MINEALANA			Licating crani		**********
inj	ury or con	osthenio, etc. It meons application which coused	deoth.)	(cerebral	injury			
	A	NTECENDENT CAUSE	c						
DI		OR CONDITIONS, IF A		(B)					~~~~~
RIS	SE TO TH	E ABOVE CAUSE (A) S'							
	TO ENCE !	TO CONTENION EASI		(C)					
ERTIFICATION 120 O. 120		ll ll							
5 0		DEATH BUT NOT RE							
E D		R CONDITION CAUSING		rat	tty live				
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100					yes		ves		
O UND	ERLYING	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	office bidg., IN.	URY OCCUR?	(If in Boltimore City, give	exoct locotion)	
MITU E	G CAU	SE OF DEATH.	etc.)	jail	E	Baltimore	City Jail	10-03	
	TIME	(Month) (Doy) (Yeo) (Hour) + 2	TE. INJURY OCCURRED	211	F. HOW DID INJ	URY OCCUR?		
OF II	NJURY ROX.)	11 7 65	/ IV	HILE AT NOT	WHILE K	fell from	m upper bunk :	in jail cell	
22.			o:00;			1011 110	a upper built	,	
	I cert	tify that I held an I	nquiry 🔛	Inspection Au	tapsy X	and that an th	nis basis, death in my	apinion	
	resul	ted fram: Natural ca	uses 🗌 🛚 A	coldent X Suicle	de 🗌 Har	micide 🗌	Undetermined manner		
		1 .0.	- 7		CHIE	F MEDICAL E	XAMINER 🗌	DATE SIG	NED
	SIGNAT		U.	Ga - Fus	ASSISTAN	T MEDICAL E	XAMINER X		MED
11	EXAMIN	Transactor	U. Spit	Z. M.N.		E MEDICAL E		11/9/65	
	NAME (1					
	RIAL CRE		23	C. NAME of CEMETERY	or CREMATOR	Y 23D.	LOCATION (City, to	wn, or county) (Stote)
Bu	rial	Nov.17	1.706	Mt . Auhumn	Com	T	Polto Wa		
		BY HEALTH DEPT.	, - , - ,	Mt. Auburn of REGISTRAR	24C, FU	NERAL DIRECTO	Balto. Md.	ADDRESS	
NO	119		0 7	0	W/	11. 1	11/11	exer late at	1. 11
110	7 16	1965 Robert	E. Jan	bec M.A	1111	Mams Tu	IMERAL HOME 3	14 11. SCHLOUGH	A
VS 151-	REV. 1/1/	65	20			1000			HTH
		IA C A C	T. SPECIAL PROPERTY.						-

· ALL REPORTS . OVER DECEMBER OF THE PROPERTY OF THE PARTY i termination THE REPORT OF THE PARTY OF THE PARTY.

IMPORTANT **DIRECTOR:** FUNERAL

BIRTH NO.

VS 150-REV, 1/1/65

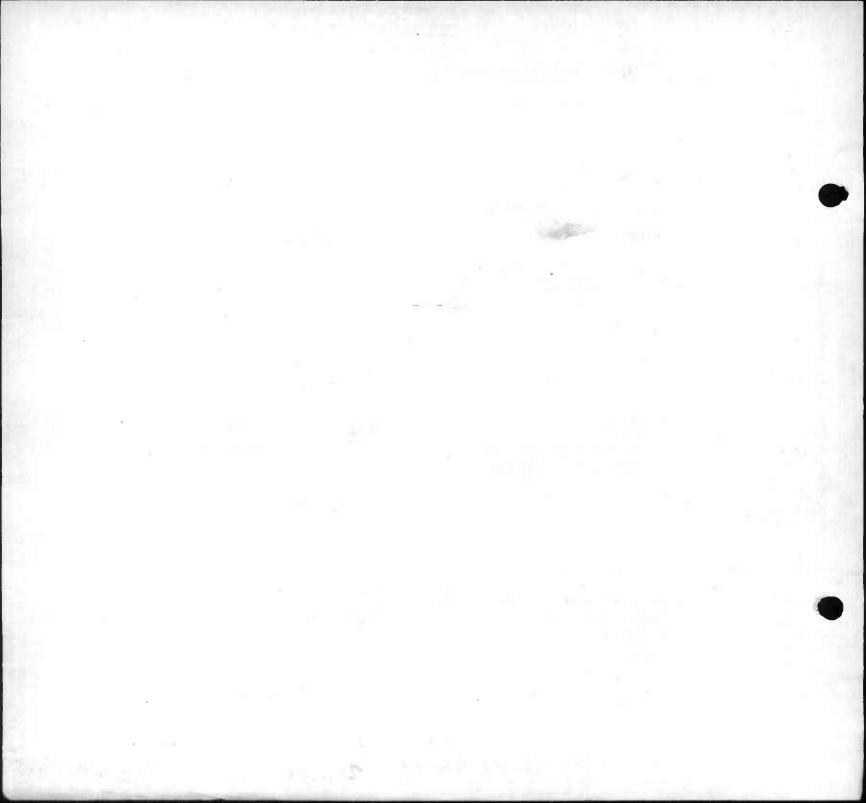
CERTIFICATE OF DEATH pital and of death Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased attendance (2) cause (If not in hospital or institution, give street FULL NAME OF oddress or location) outside city limits, write RURAL and cause; 10 INSTITUTION 0 = prior contributing D. STREET ADDRESS rural give location occurred (4) Undetermined regular is mad 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX eceased WIDOWED. DIVORCED specify 10A USLIAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS DR INDUSTRY 11. BIRTHPLACE (Stote of Oreign country) death disposition done during most of working life, even if retired ŏ None Was 13. FATHER'S NAME MOTHER'S MAIDEN NAME the 14. direct death LO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance 218-40-1428 (M) any CAUSE OF 0 DEA pronounce his DISEASE OR CONDITION DIRECTLY Also, embalmed LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. Il means the disease. medical examiner regular injury or complication which coused death,) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, 3 rise to the obove couse (A) stoling the physician before the remains UNDERLYING CONDITION lost. medical Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the chief 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes' or No) 19A. DATE OF OPERATION 0 WAS PERFORMED 6 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING 3 where OR CONTRIBUTING _ CAUSE OF to the hospital MEDICAL å DEATH (notify medical examines) atc.) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hous) 21 E. INJURY OCCURRED 9 OF INJURY approved (except Not While While At (APPROX) Work At Work and any 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an of death) hospital and have and from the causes stated above. (1) (Wale(diff) (did not) view the body after death. the body was released must An accident 23A. SIGNATURE Attending Med. Stoff Phy s. M.D. 0 Phys. Director written approval 0 23C.PHTSICIAN'S 23D. ADDRESS prior at NAME (Type) M.D 24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CREMATORY eceased 24D. LOCATION o REMOVAL (Specily) shows: Ö Burial 11/13/1965 Oak Lawn Cemeters 25A. DATE RENO SID 25C. FUNERAL DIRECTOR 3 70

BALTIMORE CITY HEALTH DEPARTMENT

9. AGE (In years, II Under 1 Yr. II Under 24 Hrs. Doys Hours Months 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ()f in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR and that in(my) (out) apinian death accurred an the date 23B, DATE SIGNED (City, town, or county) Baltimore Co., Md.

Registered No.

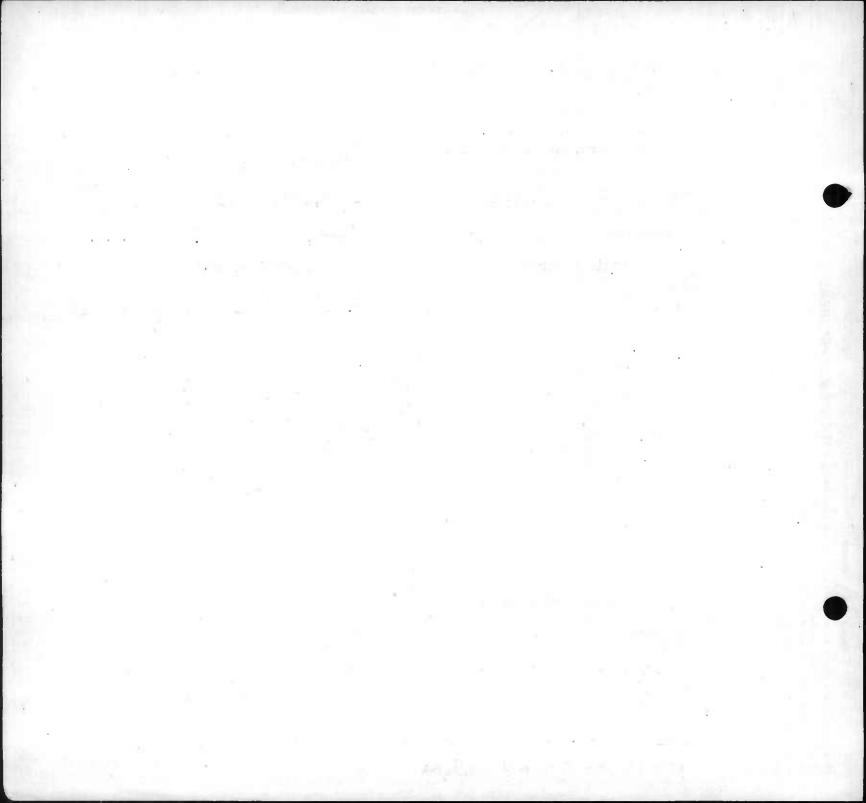
institution residence



V\$ 150-REV. 1/1/65

Such

	BALTIMORE CIT	Y HEALTH DEPARTMENT		THE SAFFIN
BIRTH NO. 65 11558	CERTIFICA	ATE OF DEATH	Registered No.	05 11558
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) Bessie F.	Robertson	Novem	mber 10. 19	65 I
3. PLACE OF DEATH IN BALTIMORE, MARY		4. USUAL RESIDENCE (Where	e deceased lived, If i	nstitution: residence before admission
FULL NAME OF (If not in hospital or	institution, give street	Maryland		07-19
HOSPITAL OR oddress or location)	institution, give sweet		side city limits, write	RURAL ond give township)
5501 Woodcrest	Avenue	Baltimore		
Baltimore, Mary			utol, give location)	
		5501 Woodcre	est Avenue	15
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female White	Single	July 25,1882	83	
IDA, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
Homemaker		00000		
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	Md.	U.S.A.
David Robert	tson	Victoria Fe	armi acr	
15. Was Deceased Ever in U. S. Armed Forces	s? 116. SOCIAL	17. INFORMANT	or Regoll	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.			
No	No	Mr.Jack Born 5	501 Woodcre	
18. 151 X		OF DEATH	2	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	CTLY /	1 = 10 1000		P. 0 10
(This does not mean the made of d	ying, e.g., DUE TO	a correct		statu
heart failure, asthenia, etc. II means the injury as camplication which caused de		Tongol		-
ANTECEDENT CAUSES	(B)	13miles Car	2 Laces	7 years
DISEASES OR CONDITIONS, if any	DUE TO		ke se	~ //
ise la lhe abave cause (A) si		cass horga	-	V
UNDERLYING CONDITION last.		Backer	√	
z				
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATE				
DISEASE OR CONDITION CAUSING IT.	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No	20R IF YES WEDE	EINDINGS CONSIDERED
WAS PERFO	RMED	1010131: (1033)	IN CERTIFYING CA	FINDINGS CONSIDERED
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID	(II in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	4	
Q 21 D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F, HOW DID INJU	IBY: O.C.CI182	
OF INJURY	While At Mot Wi		JKI OCCOR:	
(APPROX)	Work L AI Wor	k 🗆	1	
22. I certify that (I) (this hospital) a	strended the deceased framy	0-20-	5 to //-	- [0-0.5 19
that (I) (we) last saw the deceased	alive an F-7-65	19and the	at in (my) (aux) ap	inian death accurred an the dat
and haur and from the causes stated	rabave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	11/00			23B. DATE SIGNED
Server I	M.D. A		Stoff Phys.	11-11-65
23C. PHYSICIANTS	1/0 00 11	23D. ADDRESS		111-0.00
MAME (Type)	Saftell M.D	Reiet	protong	IN ARD
24A. BURTAL CREMATION, 24B. DATE	24C, NAME of CEMETERY or C	REMATORY 24D. LC	CATION (C	ity, town, or county) (State)
REMOVAL (Specify)				
Burial Nov.13,19	965 Memorial Park	Fro	stburg, Ma	ryland
NOV 19 10CE A A	. 4 7 4	25C. FUNERAL DIRECTOR	10 1	Pulte., my. 17
140 1 7 1303 (10 De	JE, Jankey MA	Wm. f-Victore	+ sono h	Ath + Pa. aves.



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the chief medical examiner

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MEDICAL

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FULL NAME OF HOSPITAL OR INSTITUTION

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Was the

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or contributing cause of death

kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT 65 11559 BIRTH NO.

ERTIFICATE OF	DEATH	Registered No
: 1	2. DATE AND	HOUR OF DEATH

Registered	No. OF	11555
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2.	DATE	AND	HOUR	OF	DEATH

1	٦	2	30)	n	m.

M.E. CASE NO.	-	TTOOR	CI	-1/ 1
1.NAME OF DECEA (Type or Print)		Gross,	Wealthy	N
3. PLACE OF DEATH	I IN BAL	TIMORE, MARYLA	IND	

address or location

(If not in hospital or institution, give street

11/11/65

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) or town (If outside city I limits, write

Provident Hospital

D. STREET ADDRESS (If rural, give location)

			17,010,7	TOTOE	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours Mir
F	Negro	Widow	1/14/11	54	77.00
	CCUPATION (Give kind of v t of working lite, even if retire	work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME 25

(Yes, no or unknown) (If yes, give wor or dates of service)

15. Was Deceased Ever in U. S. Armed Forces?

Maryland
14. MOTHER'S MAIDEN NAME

17. INFORMANT SECURITY NO.

ADDRESS

USA

11						
	No	none	Mrs. Ruth	Morris-1314	Edmondson	Ave
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(A) DUE TO (B) DUE TO	endral Th	Lon Roses	INTERVAL BETWE	
MOITA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Levot & Condia	- Vaccular de Sease		

ATION	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION (NOT RELATED TO	
ERTIFIC	19A. DATE OF OPERATION	198. CONDITION F	OR WI
Ü	21A. ACCIDENT WAS UND	ERLYING	21B. P

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

O	WAS PERFORMED		O' ERA HOIY	20101
21A. ACCIDENT WAS LINE	FRIVING	218 PLACE	OF INTIDY (e.a. in	or obout 21C

(If in Boltimore City, give exact location)

21A. ACCIDENT WAS UNDERLYING	21B. PLACE	OF INJURY (e.g.	, in or obo	ut 2TC. WI	HERE D
OR CONTRIBUTING CAUSE OF	home, farm,	foctory, street,	office bldg	J., INJURY	OCCL
DEATH (notify medical examiner)	etc.)				
none					

6. SOCIAL

DID UR?

RED 21F. HOW DID INJURY OCCUR?

21 D. TIME	(Month)	(Doy)	(Yeor)	(Hour)	21E INJURY OCC	J RI
OF INJURY					While At	1
(APPROX.)					Work	1

22. I certify that (1) (this hospital) attended the deceased from 11

Not While At Work

6	5	19	to	11	/11/6

that (1) (we) lost saw the deceased alive on ond that in (my) (aur) opinion death occurred an the date

and	hour ond tre	om the	causes	stoted	obave.	(1) (116	(did)	(did n	of) view	the body	atter	death
23A.	SIGNATURE						/					

				238. DATE SIGNED
M.D.	Attending Phys.	Med. Director	Staff Phys.	11/1:

1-	1 some	1.
23C. PHYSICIAN'S NAME (Type)	2 \ - 2	1

23D. ADDRESS M.D.

/11/65

4		H.	AL	6	17	(W	
4A.	BURIAL	CREMATION.	24B. [DATE		24C.	N

(City, town, or county)

REITHE THE ISPECTION	11 11-1
Burial	11-15-6
10 01 1	

25B. NAME OF

VS 150-REV. 1/1/65

shows: (1) An accident of any nature; (2) Body burns; the body was released to the hospital by hospital death) This certificate must be must approval prior at was D.O.A. deceased written ap

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11/11/60

	contribution termined regular ceased prismade.
PORTANT	its must be approved by the chief medical examiner or his assistant if death occurrects released to the hospital by a medical examiner. Also, if the direct or contribution accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined at a hospital (except where the physician who pronounced death was in regular ior to death); and (6) No physician was in regular attendance on the deceased proval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	aminer or hi aminer. Also A fracture of who pronoun regular atte
IERAL DIRE	ief medical ex a medical ex dy burns; (3) e physician v ician was in
FUN	ved by the ch hospital by a nature; (2) Bo ept where th d (6) No phys
•	te must be approse s released to the laccident of any it a hospital (excort to death); any over lawes the obtains

the body we shows: (1) A was D.O.A.

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

use of death ; (5) Deceased

ermined cause; (5)

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Cause

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prior

BALTIMORE CITY HEALTH DEPARTMENT 65 11560 Registered No. 65 11560 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) EDWARDS. LOLA November 11, 1965 6:00AM 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY (If not in haspital ar institution, give street Maryland FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore 21231 D. STREET ADDRESS St. Joseph Hospital 237 Ballou Court made 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In venis If Under 1 Yr. If Und If Under 24 Hrs. 5. SEX is mad WIDOWED, DIVORCED (specify) last birthday) 6-9-00 Female Negro Widowed 12. CITIZEN OF 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) WHAT COUNTRY2 done during most of working life, even if retired) Own Home St. Margarets Co., Maryland Homemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no of anknown) (If yes, give wor or dates of service) ADDRESS 17. INFORMANT 6. SOCIAL SECURITY NO. 217-14-6022 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of breast with widespread metastases to peritonium, (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the diseose, liver, kidney injury or camplication which coused deoth.) Ascites and hydrothorax ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (c) Bronchopneumonia rise to the above cause (A) stating the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Yes 21 B. PLACE OF INJURY (e.g., in ar obout 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? Ü (If in Baltimare City, give exact lacation) 21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY Nat While While At (APPROX.) At Wark October 23, November 22. I certify that (I) (this haspital) attended the deceased framand that in(my) (aur) apinian death accurred an the date and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23 B. DATE SIGNED 23A, SIGNATURE Attending [Med. November 11,1965 Director ___ 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) D.R. Govinda Rao, M.D. 1400 N. Caroline St., Baltimore, Md. 21213 deceased pr 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)

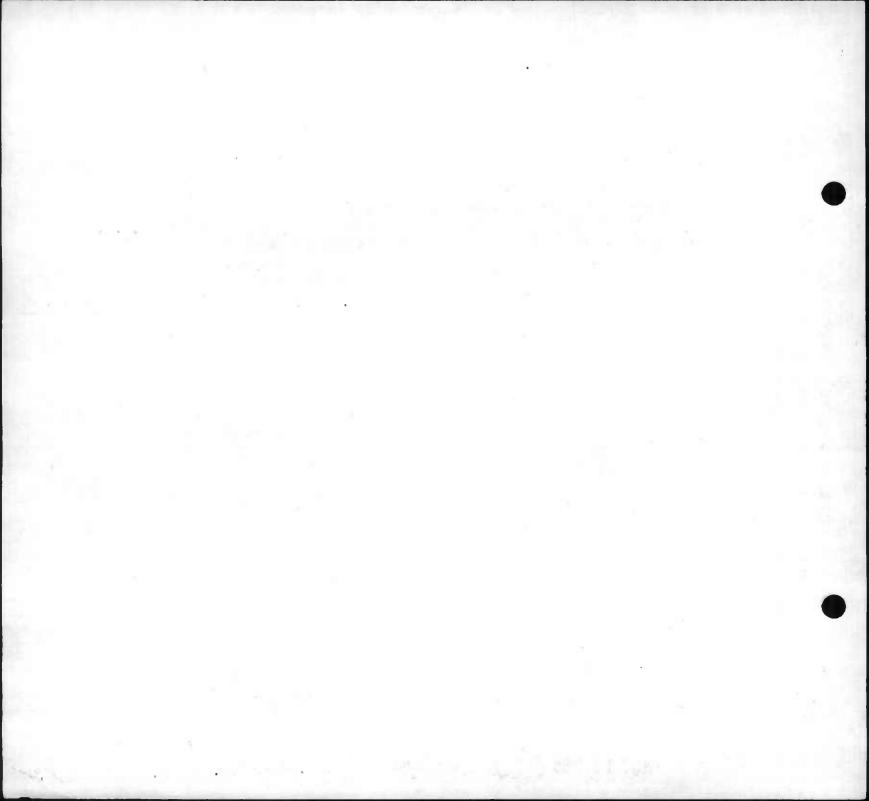
258 NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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			BALTIMORE CIT	Y HEALTH DE	PARTMENT		
BIRTH NO.	65 11561		CERTIFICA	ATE OF	DEATH	Registered No	65 11561
Type or Print)		C 71			4.4	ND HOUR OF DEAT	a contract to the contract to
and the state of the		c. C. Fle	innery.			iber 10, 19	
	EATH IN BALTIMORE, MA			A. STATE	esidence (Wh. B. cou		institution: residence before admission
HOSPITAL OR	OF (If not in hospitot oddress or locotic		give street	C. CITY OR		utside city limits, write	RURAL ond give township)
)				D. STREET A		rurol, give location)	
5470	Plainfield	Avenue		5470	Plain	field Avenu	10
. SEX	6. RACE		, NEVER MARRIED	B. DATE OF		9. AGE (In years	If Under 1 Yr., If Under 24 H
Female	White		D. DIVORCED (specify)	12/3/	1872	lost birthday!	Months Days Haurs Min.
	CUPATION (Give kind of wor			Y 11. BIRTHPLA	CE (State at for	eign country)	12. CITIZEN OF
one during most o	f working life, even if retired)			Pals	invone /	laryland	WHAT COUNTRY?
3. FATHER'S NA	i i			_1_	'S MAIDEN NA		4.3.11.
Micha	el (reightor	2		Bi	ridget 1	nirran.	
5. Was Decease	d Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. HALOKIALA	NIV I		ADDRESS
1.0	, , , , , , , , , , , , , , , , , , , ,		None	Alrs.	Joseph A	lerten 1839	White Oak Ave.
1B. // C	50.01		CALISE	OF DEATH	1		INTERVAL BETWEEN
rise la II UNDERLYIN	OR CONDITIONS, if the abave cause (A) IG CONDITION last.	any, giving slaling lhe	(C)				
TO THE	DEATH BUT NOT REL R CONDITION CAUSING OF OPERATION 198. COI	ATED TO THE	1E	20A. AUT	OPSY? (Yes or N	(a) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
	WAS PEI	RFORMED				IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING [BUTING CAUSE OF fy medical examiner)	211 har etc	B. PLACE OF INJURY (e.g., ne, farm, factory, street, .)	in at about 21 C office bldg., INJ	WHERE DID	(If in Baltime	ore City, give exoct lacotion)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 211	INJURY OCCURRED	21 F	HOW DID IN	JURY OCCUR?	
OF INJURY			hile At Not Wh				
			ork	k 🗀			
				De			
that (I) (we	nd from the couses sto	ed alive on	11- 10	19 6		hot in (my) (aur) o	Pinion deoth occurred on the
23A. SIGNAT	URE D. O.	.e.			AA-1	e	23B. DATE SIGNED
	00 2616	ray	M.D. A	tending K	Med. Director	Phys.	11 11 62
23C. PHYSICI NAME	ANS (Type)	E IV	M.D	23D. ADDRESS	Hey	nul 12v1,	Bakkun 34. 1
24A. BURIAL CR	EMATION, 248, DATE		AME of CEMETERY of C	REMATORY	24D.	LO CATION (City, town, or county) (State)
REMOVAL	(Specify)	/					
Burial	77/15/	7965	New Cathedry	1 (eme	teru L	Raltimore,	maryland
25A. DATE REC'I	D BY HEALTH DEPT.	258, NAME	OF REGISTRAR _	25C. FUN	ERAL DIRECTO	R	ADDRESS

1965 Robert E. Farberta NOV 12



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and RGB

Such

				BALTIMORE CITY	HEALTH DEPARTMENT	NŢ	OF AAT DA
	TH NO. 65	11562	2	CERTIFICA	TE OF DEAT	Registered Na	65 11562
1, 6	E. CASE NO. NAME OF DECEASED pe or Print)			as Lucas	2. DA	TE AND HOUR OF DEATH NOV. 10, 1965	2: 30 A M
3.	PLACE OF DEATH IN B	ALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE		stitution: residence before admission)
	FULL NAME OF (II	not in hospital	or institution,	give sheet	Pa.		1-35
}	NOITUTITZMI	dress or location		4		(If outside city limits, write R	URAL and give township)
	US Public Hea Nyman Pk. Dri			pital	D. STREET ADDRESS Rd #:	(If rurol, give location)	
5. :	M 6. RACE			NEVER MARRIED D. DIVORCED (specify) 10d	8. DATE OF BIRTH 9/2/41	9. AGE (In years lost birthdoy) 24	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION of during most of working life Farmer			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME	
	Charles	Lucas			Helen	Way	
15. (Ye	Wos Deceesed Ever in Us, no or unknown) (If yes, a None	. S. Armed Ferd jive wor or dote:	ces? s of service)	16. SOCIAL SECURITY NO. 189-32-9485	17. INFORMANT Records-	US PHS Hospita	ADDRESS 1, Balto, Md.
_	18. 204.3	1		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CO	NDITION DIR	ECTLY	Pu.	lmonary edema	Hours	
	(This does not mean heart failure, asthenia, injury or complication	The mode of elc. II meons which coused SENT CAUSES DITIONS, if of	the disease, death.)	(B)	trointestinal		Hours Months
	UNDERLYING COND	TION lost.		a distribution representation and an appropriate			0.000
ATION	OTHER SIGNIFICANT OF THE DEATH BE DISEASE OR CONDITION	UT NOT RELA	TED TO TH				
CERTIFIC	19A. DATE OF OPERATION	ON 198. CONI WAS PERF		WHICH OPERATION	20A. AUTOPSY? (Yes	or No.) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF		PLACE OF INJURY (e.g., in e, form, foctory, street, of			City, give exoct locotion)
MEDI	21D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor)		INJURY OCCURRED ILL Not While At Work	e	D INJURY OCCUR?	
	22. I certify that (1)	this hospital) ottended ti	he deceased from	Aug. 9	19.65 to Nov	
	that () (we) last sav	the decease	d alive an	Nov. 10	19 65	ind that in (my) (aur) apir	nion death accurred an the date
	and haur and from th	e causes stat	ed abave.	(We) (did) (did) vop) v	iew the body after d	eath.	
	23A. SIGNATURE		1	44.5	anding	Stoff Co	23B. DATE SIGNED
	107	ne o	The	Phy		Stoff Phys.	11/10/65
	NAME (Type)	. Lau, S	Surgeon	(R) M.D.	US PHS Hos	spital, Balto ,	Md.
24/	A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NA	AME of CEMETERY of CRI	MATORY	24D. LOCATION (Cit	y, town, or countyl (State)
_	JRIAL A. DATE REC'D BY HEAL	11/13/65 TH DEPT.	LU 25B. NAME C	THERAN CEMETE	RY 25C. FUNERAL DIR	WALKER TOWNSHIP	, PENNSYLVANIA
		1965 074	D. F. E.	FarleyMA			
VS	150-REV. 1/1/65	UIV	Arra -		HORRAKD FOL	NEKAL HOME 4107	WILKENS AVE. 2122

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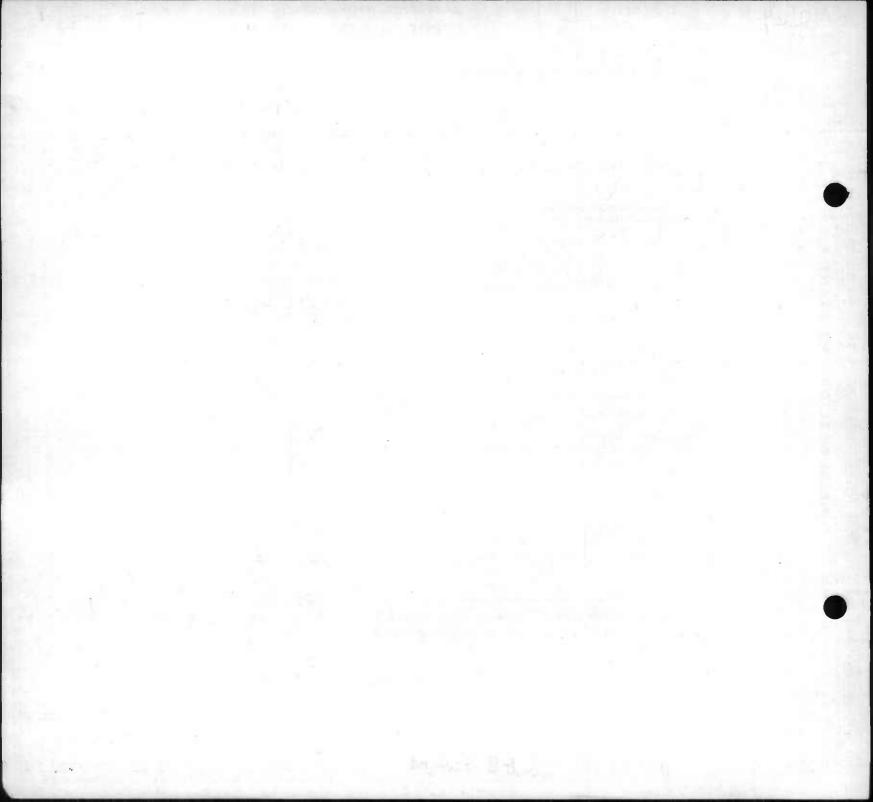
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FUNERAL DIRECTOR: IMPORTANT

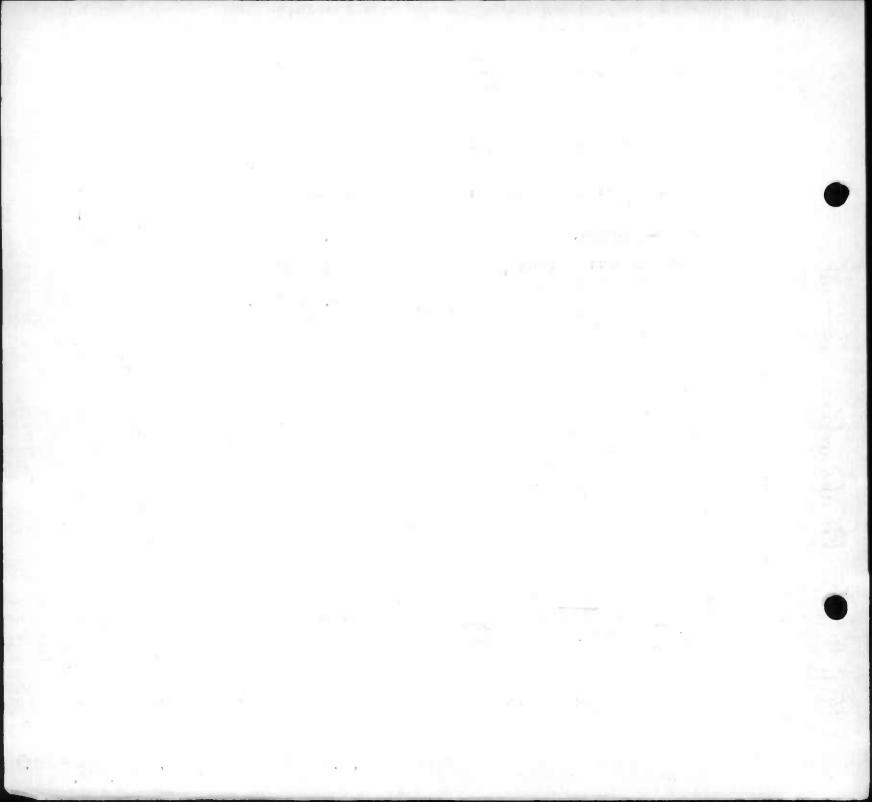
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE C	CITY HEALTH DEPARTMENT	ant earns
BIRTH NO. 65 11563	CERTIFIC	CATE OF DEATH Registered	No. 65 11563
TI, NAME OF DEGRASED	ockrell	2, DATE AND HOUR OF DE	9/15T GZOPM.
3. PLACE OF DEATH IN BALTIMORE, MAR	LAND	A, STATE B. COUNTY	Il in titution: residence before admission)
FULL NAME OF (If not in hospital of oddress of location)	r institution, give street	(A) (B) +	write RURAL and give township)
Blank land 6	mera Hoops	D. STREET ADDRESS (If jurel, give locotion	1 21207
5. SEL 6. RACE	MARRIED, NEVER MARRIED WIDDWED, DIVORCED (specify)		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most pl weaking life, even if retired)	OB. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE State or foreign country)	12. CITIZEN OF
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	C SA
15. Was Deceosed Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
(Yes, no grunknown) (II yes, give woi or dotes	?	Hosp. Chart	
DISEASE OR CONDITION DIRI		E OF DEATH V	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of heart failure, asthenia, etc. It means	lhe disease,	- reunania	
injury or complication which caused ANTECEDENT CAUSES	(B) (B) DUE 10	salie arrhosisi	Jaunlice
DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION last.		***************************************	
O THER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	TED TO THE		
19A. DATE OF OPERATION 19B. CONE	DITTON FOR WHICH OPERATION DRMED (Vutnitional Circle)	20A. AUTOPSY? (Yes or No.) 20B. IF YES NIN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.	g., in or obout 21C. WHERE DID (II in Bo t, office bidg., INJURY OCCUR?	oltimore City, give exoct locotion)
21 D. TIME (Manth) (Doy) (Year) OF INJURY IAPPROX.)	(Hour) 21 E. INJURY OCCURRED While At Not Not Not Not Not Not Not Not Not No	21F. HOW DID INJURY OCCUR?	
22. 1 certify that (1) (this haspital)			4/9 1967.
and hour and from the causes state			r) opinian death occurred an the date
2) A. SIGNATURE COLON	and mo	Attending Med. Stoll Phys. Director Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	111
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) BURIAL 11/13/	24C. NAME of CEMETERY of 65 EDGEHILL CEMET	IT DX	(City, town, or county) (Stote) N, WEST WIRGINIA
	Sub E. Farbuma	25C. FUNERAL DIRECTOR	ADDRESS 4107 WILKENS AVE. 2122
VS 150-REV, 1/1/65			



V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO. 65 11564 CERTIFICATE OF DEATH Registered No.	
I. NAME OF DECEASED 2. DATE/AND HOUR OF DEATH	
Typerilary allie F. 1/11/65 400	M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmi	ission)
FULL NAME OF (If nat in hospital or institution, give street HOSPITAL OR INSTITUTION (If outside city limits, write RURAL and give township)	
BALTIMORE	
THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give lacotion)	
4804 KESWICK ROAD	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Manths; Days Haurs; A	4 Hrs. Min.
MARRIED 4-17-28 37	
10A, USUAL OCCUPATION (Give kind of wark) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?	
Teacher- Haswfe. Public School Mass. USA	
13. FATHER'S NAME	
ABE BENNETT EVANS ELIZABETH WOODWARD	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.	
No SECURITY NO. o33-20-5968 Dr. Saul W. Brusilow (Same)	
118. CAUSE OF DEATH INTERVAL BETWEEN	N
DISEASE OF CONDITION DIFFECTLY	
LEADING TO DEATH DYCLU TULLON SEP-1-1965	
(This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if ony, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
1211-10-65 Braw tumor 110	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about hame, farm, factory, street, office bldg., lnJURY OCCUR?	
21D, TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not While At Work A	
22. I certify that (1) (this hospital) attended the deceased from at 4pm 11-12 19 65 to at 4pm · 11-11 196	3
that (1) (we) lost sow the deceased alive on	e date
and hour and from the causes stated above. (We) (dld) (did not) view the body after death.	
23A. SIGNATURE 23B. DATE SIGNED	
New 6 (loud for M.D. Attending Med. Director Phys. 1/-1/-65	
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS	
Sumio Uematsu M.D. The Johns Hopkins Hospital	
	itote)
Cremation 11/12/1965 Greenmount Baltimore, Maryland	a
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF ANGISTRAR 25C, FUNERAL DIRECTOR ADDRESS	
NOV 12 1965 Robert E. talkent H.W. Jenkins & Sons Co. 4905 York Baltimore 12. Md.	na.



FR

RIRTH NO.

M.E. CASE NO. I NAME OF DECEASED

25A. DATE REC'D

VS 150-REV, 1/1/65

(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

ADOLPH

MARGARET OSKE ADDRESS SAME INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES, OF DEATH? (II in Boltimore City, give exact location) ond that In(my) (our) opinion death occurred on the date 23B. DATE SIGNED 24D. LOCATION (Stote) Parkville Md. 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd. Balto.12. Md.

Registered No.

57.

If Under 1 Yr.

12. CITIZEN OF

WHAT COUNTRY?

Months Dovs

If Under 24 Hrs.

Hours

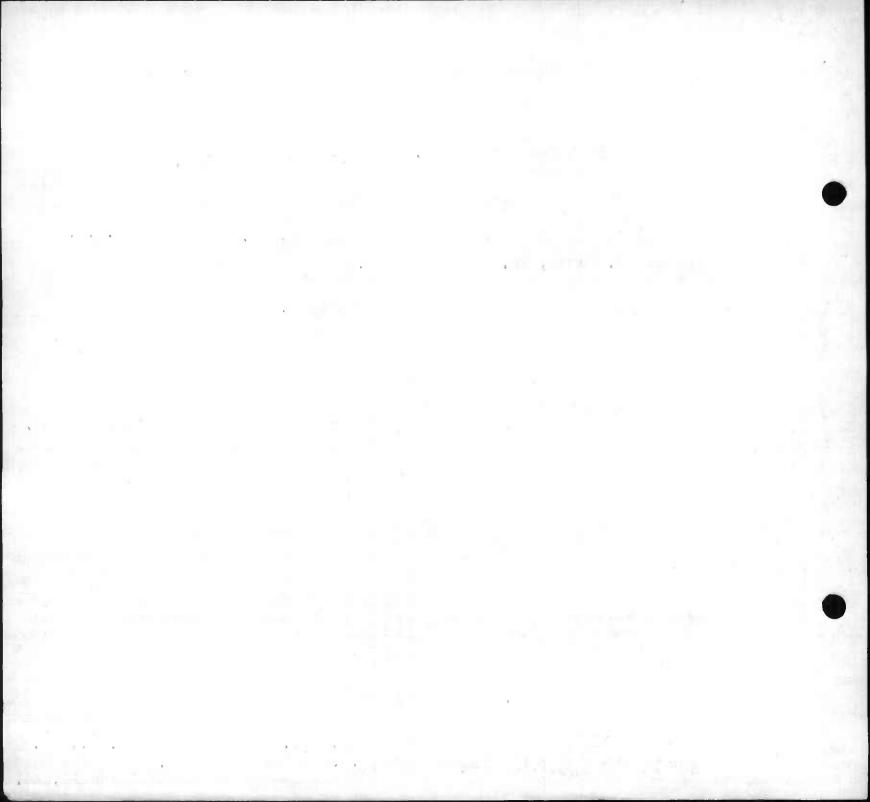
DATE AND HOUR OF DEATH

C.N. FLS 8. E.D.

BALTIMORE CITY HEALTH DEPARTMENT
ALE CASE NO. 65 11566 CERTIFICATE OF DEATH Registered No. 05 11300
NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) 2. DATE AND HOUR OF DEATH
DOVELEY, GEORGE WILLIAM 6.40 A.M. NOV. 10 1965 PLACE OF DEATH IN BALTIMORE, MARYLAND 14, USUAL RESIDENCE I Where deceased lived, If institution: residence before admis
A. STATE B, COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITT OR TOWN (If outside city limits, write RURAL and give township)
Baltimore, Maryland 18 809 Regester Avenue Balt MP 12
Market Market Market Market Market Months Doys Hours Mi
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF
Refired-Builder Construction Baltimere MD. WHAT COUNTRY?
3. FATHER'S NAME
TI Day Clay
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
Yes, no or unknown) If yes, give wor or doles of service) SECURITY NO.
Yes unknown WW/ 217-01-0818 Blanche H. Vortler Jame
18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) [M] min [0-36-45]
(This does not mean the made of dying, e.g., DUE TO
hearl failure, asthenia, etc. It means the disease,
ANTECEDENT CAUSES (B) Sigmoid Color poly
DUE TO
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the CO Prostate Region (C)
UNDERLYING CONDITION last.
_ 11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 194. AUTOPSY? (Yes or Not) 208. IF YES, WERE FINDINGS CONSIDERED
1) 10/2 5-/65 WAS PERFORMED () Suppro Push (DW theirms IN CERTIFYING CAUSES OF DEATH?
DOLY ROLL SECTION OF THE BOLL OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
V ₁₂ N ₀
S OF INJURY
(APPROX.) Work At Work
22. I certify that (this hospital) attended the deceased from OUT 196. to NOV 10 196
that (A) (we) last saw the deceased alive an NOV 10 19 Cond that in (my) (our) opinion death occurred on the
and haur and from the causes stated above. (2) (We) (did) (did not) view the body ofter deoth.
23A. SIGNATURE 23B. DATE SIGNED
M.D. Attending Med. Stoff Nov-10-65
23C. PHYSICIAM'S 23D. ADDRESS 12 Consum and Marie
NAME (Type) KANG (KR FAN M.D. CKKING UNION MEMORIAL HOSPETAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Sto
REMOVAL (Specify)
Burial 11/13/1965 Prospect Hill Towson, Balto.Co., Mc
NOV 12 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015) 1965 (2015)
Bolto 12, Md.
'S 150-REV, 1/1/65

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BALTIMORE CITY	HEALTH DEPARTMENT		OF AATOR
CERTIFICA	TE OF DEATH	Registered No.	65 11567
	2. DATE AN	D HOUR OF DEATH	
man VanDenilrar	Norroy	r or godg	065 17:00 0.
men vanbantker	4. USUAL RESIDENCE (When	e deceosed lived If	institution; residence before odmission)
itution, give street	Maryland c. city or town (If our	side city limits, write	RURAL and give township)
	Baltimore		
Raven Blvd.			
ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		631 birmdoy)	Monins, Doys Hours Min.
IND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?
n Home	Baltimore, Mo	1.	U.S.A.
r.			
ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Emault B Ve	anDani ken	(Same)
		MIDWILLEGE	INTERVAL BETWEEN
,			ONSET AND DEATH
(Mandon. A	calusión	6 hr. 78
, e.g., DUE TO	20,000		7AM.
iseose,	CA		
,1			
DUE TO	*****************		
giving			
g Ihe (C)			
IBUTING TO THE			
FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
218, PLACE OF INJURY (e.g., in	n or obout 21C, WHERE DID	(If in Boltimo	re City, give exoct locotion)
home, form, foctory, street, of	fice bldg., INJURY OCCUR?		3.77 9 72 2.201 10001011
in) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
nded the deceased from	2-15	1960 to	11-10 1965
ve on 11 - 10	19 65 and th	ot in (my) (aver) or	inion death occurred on the day
		or m(m), (oo, op	
ove. (I) (Was) (did) (diamet) v	iew the body ofter deoth.		
			23B. DATE SIGNED
na MET M.D. Affe	s. Med.	Phys.	11-10-65.
	23 D. ADDRESS		11 10 0
H. Burns M.D.	8106 Harford	Road	
- /Vi. D.			
24C. NAME of CEMETERY OF CRE	MATORY 24D. II	CATION (6	city, town, or county) (State)
24C. NAME of CEMETERY OF CRE			City, town, or county) (Stote)
5 DulanevVallev	Mem.Grds. T	imonium,	Balto.Co., Md.
	Mem.Grds. T	imonium, & Sons Co	
	CERTIFICA TIMEN VanDaniker Raven Blvd. ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) Bried IND OF BUSINESS OR INDUSTRY THOME TO GIVE TO G	Interpolation with the property of the propert	CERTIFICATE OF DEATH Registered No. 2. Date and hour of Death November 10.1 A. STATE Maryland C. CITY OF TOWN (If outside city limits, wite Baltimore D. STREET ADDRESS (If rurol, give locotion) 3601 LochRaven Blvd. ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) arried HOME Baltimore, Md. 14. MOTHERS MAIDEN NAME A. MCGee 16. SOCIAL SECURITY NO. 2/16./1901 17. INFORMANT SECURITY NO. 2/17. INFORMANT SECURITY NO. 2/17. INFORMANT SECURITY NO. 2/17. INFORMANT SECURITY NO. 2/17. INFORMANT SECURITY NO. 2/18. PLACE OF INJURY (c.g., in or obout 2/1C, WHERE DID home, form, foctory, street, office bidge, ling in the certifying C. 18. TOR While AI NOT While NOT While NOT While NOT While AI Work Not While AI Work AI Work AL NOT WHICH OPERATION 19. D. HOW DID INJURY OCCUR? While AI Work AI Work MC ON HOW (did) (dhame) view the body ofter deoth. M. A. A. A. A. STATE 2. D. ADDRESS 2. D. ADDRESS 2. D. A. A. A. SUNFALL 2. D. A. S. COUNTY Not While AI Work D. M.D. Altending Med. Phys. 2. D. A. D. A. A. A. A. A. A. A. B. 2. D. A. A. A. A. A. A. A. B. 2. D. A. A. A. A. B. 3. D. A. D. A. A. A. B. 3. D. A. D. A. B. 3. D. A. D. A. A. B. 3. D. A. D. C. C. T. 4. U. S. C. T. 5. C. OUNTY Maryland C. CITY OR TOWN (If outside city limits, wite and colorion of the points of the



0 = 11=00	BALTIMORE CIT	HEALTH DEPARTMENT		65 11568
BIRTH NO. 65 11568 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	00 11000
I, NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	59
Smith, Edit	h M.	11/10	165 0	Pm
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceosed lived. If i	nstitution: residence before admissio
FULL NAME OF (If not in hospital or institut	ion ave sheet	Maryland		9-08
HOSPITAL OR oddress or locotion)	-	C. CITY OR TOWN (If outs	ide city limits, write	RURAL and give township)
Provident He		Baltimore		
9 1514 Divisi		D. STREET ADDRESS (If re	urol, give location)	
Baltimore,	Md.	2124 Aiken	C+	
	RIED, NEVER MARRIED	B. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr., If Under 24 H Months: Doys Hours Min.
	OWED, DIVORCED (specify)		ost birthdoy)	Months Doys Hours Min.
IN USUAL OCCUPATION (Give kind of work 108, KIN	rried D OF BUSINESS OR INDUSTRY	4/9/10	n country)	12. CITIZEN OF
done during most of working life, even if retired)		77.1.1. 2. 3		WHAT COUNTRY?
Housewife		Virginia		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	16	
Charles (Tat.	terson	Gentie		
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of serv.	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
, , , , , , , , , , , , , , , , , , , ,	JECONIII IIO.	Smith, John	Sar	ne as above
18. , / , / / / 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISTASE OR CONDITION DIRECTLY		001:		ONSET AND DEATH
LEADING TO DEATH	(A)	A Lote mia	-	
(This does not mean the mode of dying,	e.g., DUE TO	A Zotemia Me shroiclerose		••••••••••••••••••••••••••••••
heart failure, asthenia, etc. fl meons the dise injury ar complication which coused death.)	ose,	n 10 . 1	*	
ANTECEDENT CAUSES	(8)	116 phro Cherose	<u> </u>	
DISEASES OR CONDITIONS, if ony, gi	501.0	V		
rise to the above couse (A) stating				
UNDERLYING CONDITION lost.				
Z OTHER SIGNIFICANT CONDITIONS CONTRIBI	ITING			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERTIFYING C	AUSES OF DEATH?
	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact facation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
<u>o</u>				
OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that (t) (this hospital) attend	ed the deceased from	9/30	,65 ,011/1	.0 1965
that (I) (we) last saw the deceased alive			in in (my) (dur) dp	amon agoin occurred an tyle a
and haur and fram the causes stated above	re. (1) (We) (did) (did nat)	view the bady after death.		IOON DATE CIPALED
23A. SIGNATURE	1	tending - AA-4 -	Stoff COR	23B. DATE SIGNED
X TheodoH	M.D. At		Stoff Phys,	11/10/65
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
MOGER!	HEODORE M.D.	1514 Division	S+	
// - // /	C, NAME of CEMETERY of CI			City, town, or county) (Stote)
	C'IAWATE OF CEMPETERS OF C			.,,
24A. BURIAL CREMATION, 24B. DATE 24B	And To	20 01 (ant-	ma
Burial 11/14/65	Capalus 1	New Lh &	action	are my

VS 150-REV. 1/1/65

Ston St (City, town, or county) (Stote) 259. FUNERAL DIRECTOR

TOTAL STATE

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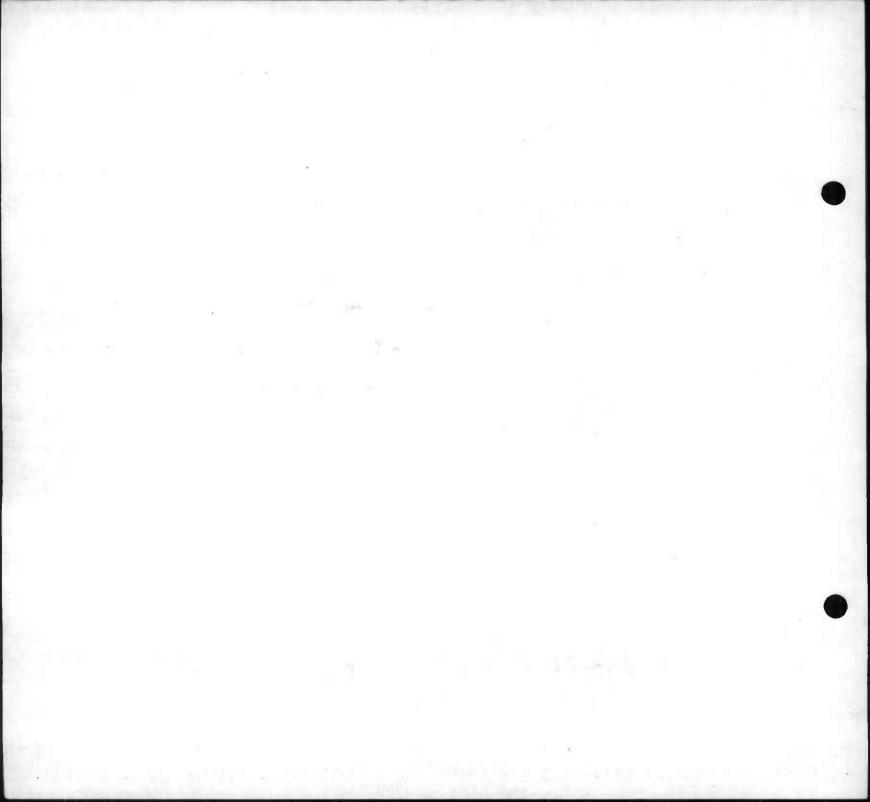
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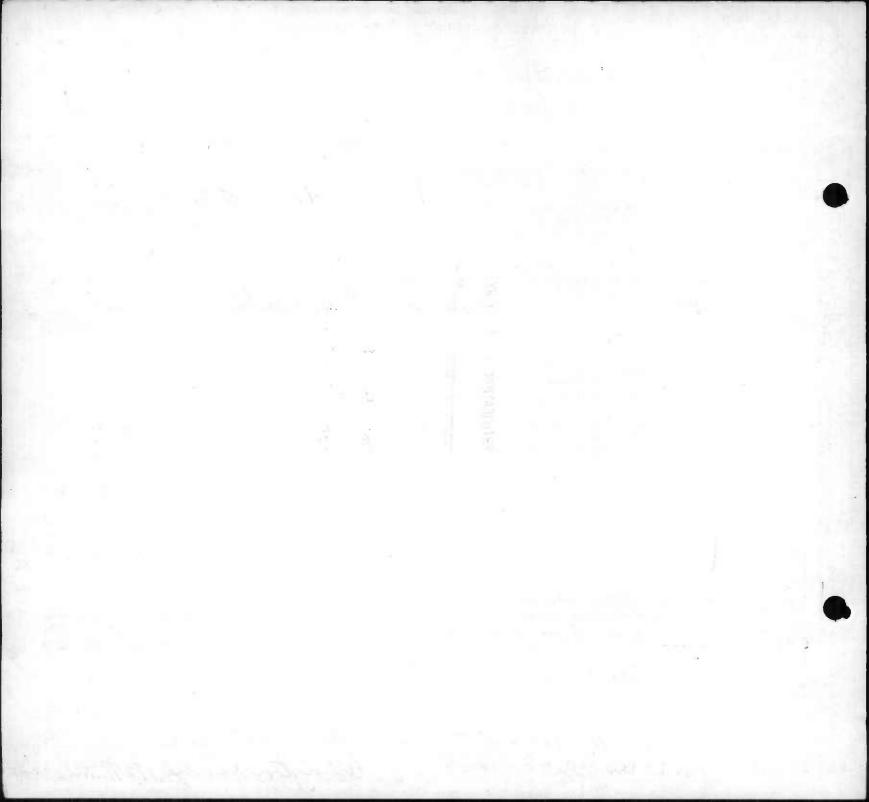
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/65

BALTIMORE CI	TY HEALTH DEPARTMENT	CE 44 ECO)
BRTH NO. 65 11569 CERTIFIC	ATE OF DEATH Registered N	65 11569
1. NAME OF DECEASED	2. DATE AND HOUR OF DEA	тн
Bernice Lee Rice	Nov. 9. 1965	a- 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	If institution: residence before admission
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, wr	ite RURAL and give township)
Sinai Hospital	D. STREET ADDRESS (If rurol, give locotion)	
	1019 W. 43rd Street	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
Female Negro Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	JULY 5, 1919 46 RY 11. BIRTHPLACE (Store or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress	Virginia	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ODA
Walter Chance 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Hester Cherry	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	7. INFORMANT	ADDRESS
231-14-8391	Modiest Rice 1019 W. 43	rd Street
18. 41.20.11 CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0 00	ONSET AND DEATH
LEADING TO DEATH	-condy hrond	May 11-9-65
ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) staling the UNDERLYING CONDITION last.	Malignaut Hypo	stelland 1963
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g. harme, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	more City, give exact location)
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APROX)		
Work At Wo		
22. I certify that (i) (this hospital) attended the deceased from		10-29- 19-65
that (1) (we) last saw the deceased alive on 10124	19and that in(my) (aur)	apinian deoth accurred an the da
and hour and from the couses stated above. (1) (We) (did) (did nat) view the bady ofter death.	
23A. SIGNATURE	(m. 10 mm 1	23B, DATE SIGNED
Hand on Higging M.O.	Attending Med. Stoff Phys.	11-10-65
23C. PHYSICIAN'S NAME (Type) T By 164 1 160 1 M.	23D. ADDRESS	a cere
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMOVAL (Specify)	77 7 0 0000 40	(City, lown, or county) (Stote)
Burial Nov. 12 65 Baltimore Nation	nal Baltimore,	Maryland ADDRESS
NOV 12 1965 P. O. A. E. Farkung	Arlington S. Phillips	



VS 150-REV. 1/1/65



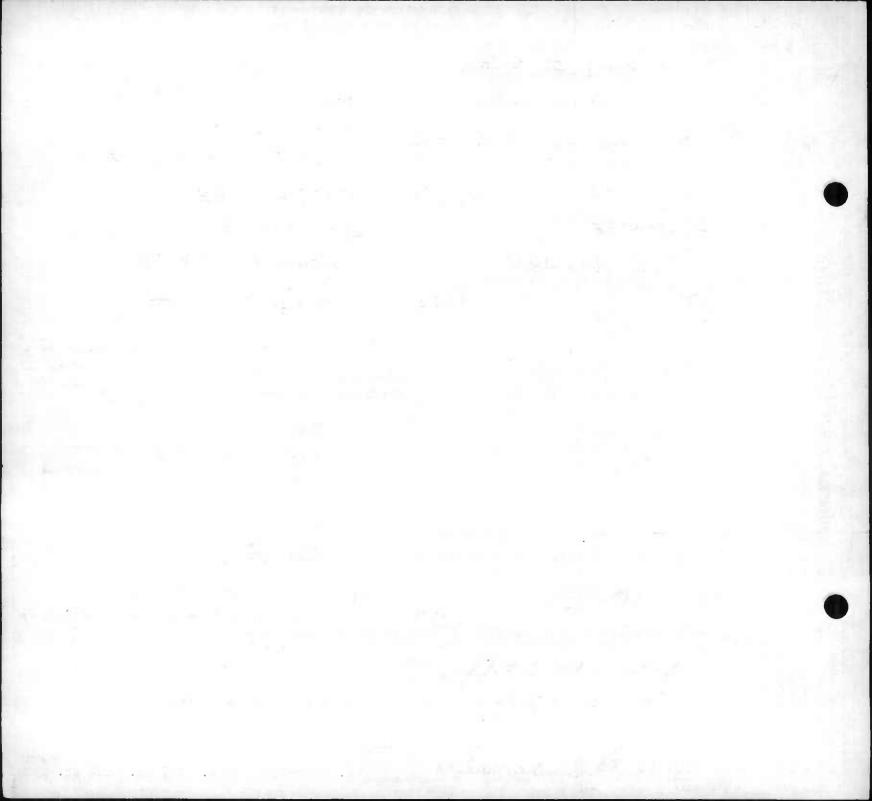
was D.O.A. at a hospital

shows: (1)

occurred in a hospital

	TY HEALTH DEPARTMENT
BIRTH NO. 65 11571 CERTIFIC	ATE OF DEATH Registered No.55 11571
1. NAME OF DECEASED (Typo or Print) Mary E. Smith	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whore deceased lived, if institution, residence before admit A. STATE B. COUNTY
FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Maryland General Hospital	D. STREET ADDRESS (If ryrol, give location)
827 Linden Ave 21201	3921 SINCLAIN LANE
5. SEX F. 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 2 Hours Norths Days Hours N
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	14. MOTHERS MAIDEN NAME PORGE ANNIE
JOSEPH NORMAN 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANY ADDRESS
(Yeshing ar unknown) (If yes, give war ar dates of sorvice)	Hospitul Chart
18. 334 XI CAUSE	OF DEATH INTERVAL BETWEEL ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the made of dying, e.g., DUE TO	hisease - Centerd voscular newsy Lone years prin
hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	lisease - Center voscular war ain
ANTECEDENT CAUSES (B)	nter school dut
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	
	2+1-10-01-1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE BLAND LA	Harr- Since are un Broken 2 years
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E O WAS TENTONING	
OR CONTRIBUTING CAUSE OF DEATH (notify modicol examiner) 21B. PLACE OF INJURY (o.g. home, farm, fociary, street, etc.)	office bldg., INJURY OCCUR?
OP CONTRIBUTION CALLS OF	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

ond that in(my) (our) opinian death occurred on the date written approval must be and haur and from the causes stated above. (1) (We) (did) (did nat) view the body ofter deoth. 23A. SIGNATURE 23B, DATE SIGNED M.D. Attending Phys. Med. Director Stoff Phys. 23C. PHTS CIAN'S NAME (Type) 23D. ADDRESS M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 11/13/65 Baltimore
HEALTH DEPT. 25B. NAME OF REGISTRAR
1965 Polent E. Farbura Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS Cook-Brooks Inc. 1217 St. Paul St. 21202 VS 150-REV. 1/1/65



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BIR	TH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICAT	E OF D	DEATH Registe	ered Na	11	5/2
_	E CASE NO.									
1. (Ty	PAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNC			
		ROBERT		MADIGAN			1.1,	19/65	6:00	a. M.
		IMORE, MARYLAND, W			A. STATE	ryland	deceosed lived. If ins B. CO	titution: resi	dence before	e odmission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT) ADDRESS OR LOCA	AL OR INSTITU (TION)	ITION, GIVE STREET	C. CITY OR TOW	/N (If outside	e corporate limits, write	e RURAL of	nd give tow	nship)
4					D. STREET ADDR	Itimore ESS (If rurol,	give location)		06	
1		Union Memo	rial Hos	spital	282	L N. Ho	ward St.			
5. \$		6. RACE	7. MARRIED, WIDOWED, I Marri	NEVER MARRIED DIVORCED(specify)	11/5/33		9. AGE (In years lost birthdoy)	Months ;	Doys Hou	nder 24 Hrs. urs Min.
	Male	white		BUSINESS OR INDUSTRY		State or fareign		12. CITIZ	EN OF	
	during most of v	vorking life, even if retired)						WHA	T COUNTR	Y?
12	Chauffe		Self-E	Employed	Baltimo			U.	S.A.	
13.	ATHERS NAV				14. MOTHER'S MA	AIDEN NAME				
	Donald				Ellen					
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		2703 Hunt:	ADDRES!	Ave	
	Yes	Unknown		218-28-5836	Donald M	adigan	Baltimore	-		
	18.	1 0		CAUSE	OF DEATH					BETWEEN
CERTIFICATION	(This does report foilure, injury or consider the consideration of the c	LEADING TO DEATH LEADING TO DEATH LOT MEON THE MODE OF OSTRONO, ELS. IT MEONS INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI TO CONDITION CAUSING OPERATION 19B. CON	dying e.g., the discose, deoth.) S NY, GIVING FATING THE CONTRIBUTIN LATED TO T GIT.	(A) Fatty DUE TO (B) DUE TO (C)		(Yes or No)	208. IF YES, WERE F	INDINGS C	ONSIDERED	
L CE	2	WAS PER	FORMED		yes		yes	SES OF DE	ATH?	
MEDICA	UNDERLYING DEAU	SE OF DEATH.	etc.)	PLACE OF INJURY (e.g., , form, factory, street, c	office bldg., INJURY	OCCUR?		ive exoct lo	ocotion)	
	OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	VHILE AT NOT AT W	WHILE	DINI DID WO	RY OCCUR?			
	22, I cert	ify that I held on I	nquiry 🗌	Inspection Au	opsy 🙀 and	that on thi	s bosis, death in	my opinio	n	
	resul	ted from: Notural co	uses X A	ccident Suicid	e Homicia	de U	Indetermined mann	er		
	ACTUAL SIGNAT EXAMIN NAME (ER'S Werner	U. Spi	M.D. M.D	ACCICTANT ME		AMINER X	11	DATE 5	SIGNED
	BURIAL CRE		230	C. NAME of CEMETERY	CREMATORY	23 D. LC	OCATION (City	, town, or	county)	(Stote)
	Burial	11/12/		New Catherdra			ltimore, Ma	arylan	d	
24/	NOV 12	1965 (P. O	248. NAME 8 8. Fa	OF REGISTRAR	Wm. Co		oks Inc. Be		re, Md	. 21202 St.
VS	151-REV. 1/1/		2 2 40	4	1 0 1	(1)	1.	LI7 DE	Taul	0

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use; (5) Deceased

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BALTIMORE CITY	HEALTH DEPARTMENT
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BIRTH NO. M.E. CASE NO. 65 1157	CERTIFICA	TE OF DEATH			
1. NAME OF DECEASED (Type or Print HIPLEY, Mary	Simmons		AND HOUR OF DEAT	H	
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND			institution: residence before admission	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)		A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission A. STATE B. COUNTY Md. C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore			
Melchor Nursi Balto. Md.	ng Home	D. STREET ADDRESS	(If rurol, give tocotion) Southern Ave	. (14)	
Female 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8-1-83	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	
IOA, USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired) Housewife	Own Home	11. BIRTHPLACE (State of Frederic)		12. CITZEN OF WHAT COUNTRY?	
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
James L. Simmor	ıs	Anne S.	Weatherby		
5. Was Deceased Ever in U. S. Armed Fore Yes, no or unknown) (If yes, give war or date: NO	s of service) 16. SOCIAL SECURITY NO.	Mrs. Robert	Alexander	ADDRESS 2712 Southern Ave.	
injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT	ony, giving slaling the (C) E		tis	Over a year	
19A. DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHICH OPERATION		No) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DI	O (If in Boltime	ore City, give exoct locotion)	
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not While At Work		INJURY OCCUR?		
22. I certify that (I) (this hospital) that (I) (we) last saw the decease and hour and from the causes state 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) Frank Odgen	ed abave. (1) (We) (did) (did not) v	19 65 and	that in(my) (our) apth. Stoff Phys.		

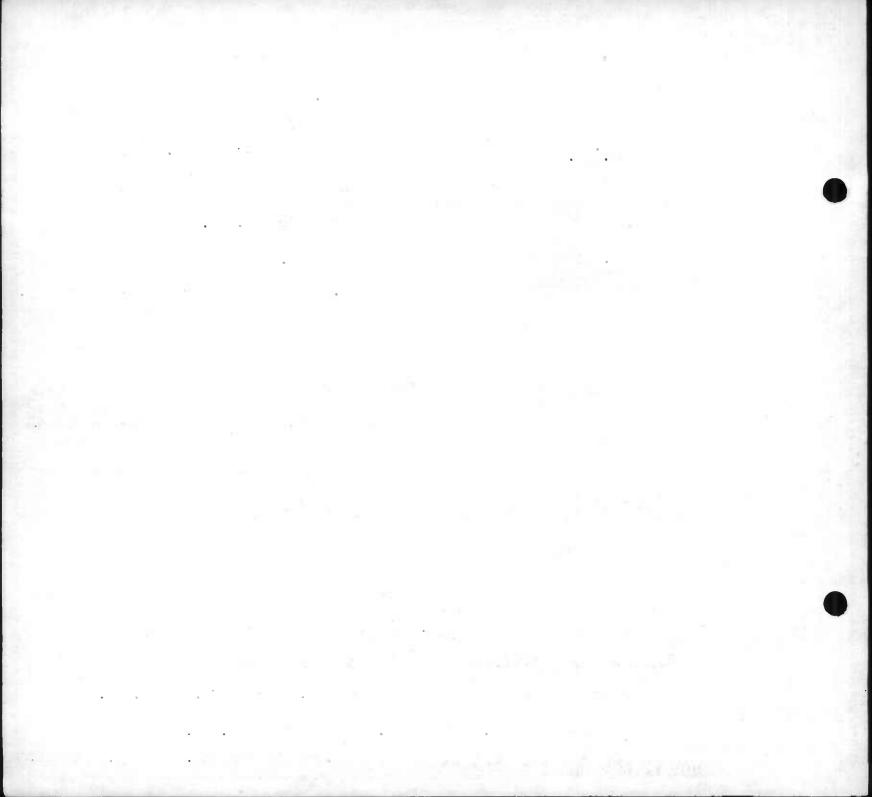
REMOVAL (Specify)
Burial Mt. Olivet Cem. 6 E. Farbermin HEALTH DEPT.

Balto. Md.

25C. FUNERAL DIRECTOR
WM. Cook Brooks Inc. Paul

VS 150-REV. 1/1/65

1965



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	BALTIMORE CITY HE	ALTH DEPARTMENT
IA	BIRTH NO. M.E. CASE NO. 65 11574 CERTIFICATE	
(1	1. NAME OF DECEASED (Type or Print) Mr. Reddington, Edward G. I	2. DATE AND HOUR OF DEATH 5.35 AM. 11.9. 65 5.35 A M.
3		USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR - address or location) INSTITUTION C.	CITY OR TOWN (If outside city limits, write RURAL and give township)
4	of the Union Memorial Hospital 0.	STREET ADDRESS (If rurol, give location) > 24 Home Wood / Terrace
	male white woods, two specify)	ATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. done during most of working life, even if retired)	MARY LAND LAND 12. CITIZEN OF WHAT COUNTRY?
1	JOHN JOSEPH REDDINGTON	MOTHERS MAIDEN NAME CATHERINE U'DEA
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 216. SOCIAL SECURITY NO. 21607-0154	gTherine Redding Von Jame
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	EATH INTERVAL BETWEEN ONSET AND DEATH
	hearl follure, asthenio, etc. If means the disease,	nolized metastasis of Lungea.
	ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving	ng Concer
	rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION lost.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)	obout 21 C. WHERE DID (If in Boltimore City, give exact location) bldg., INJURY OCCUR?
	OF INJURY (APPROX.) OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased fram 5.35 6 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did)) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED 85 Allending Phys. Med. Director Stoff Phys. M.D. 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) tospita PY M.D. Usion 244 BURIAL CREMATION,

or CREMATOR

258. NAME OF REGISTRARY

S. E. Janky M. B. HEALTH DEPT. Robert 1965 2 VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

24D. LOCATION

N-DDRESS

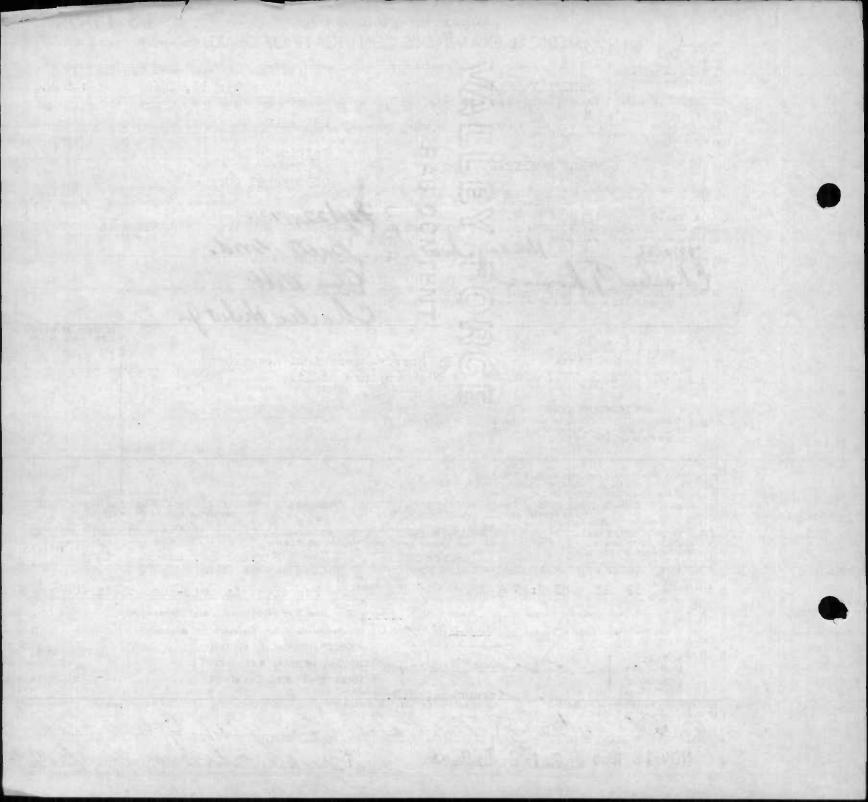
(Stote)

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9 "		-	

IRTH NO.65 1157 MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No.
A.E. CASE NO. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
NAME OF DECEASED Type or Print) WILLARDEAN WILLI	22/0//5 30.05
	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside carparate limits, write RURAL and give township)
	Baltimore
0	D. STREET ADDRESS (If rural, give location)
Franklin Square Hospital	1508 W. Fairmount ave.
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Haurs Min.
female colored Septential	Tet. 19 1931 34
OA, USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Domestie	Then County V.C.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
es, no or unknown yes, give wor or dotes of service) SECURITY NO.	10/14/1 6.11
	Willie Williams
1B. E A X	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	wound of thorax, involving the
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	rta, heart and lung
ANTECENDENT CAUSES	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
- 10 THE BEATH BOT NOT KEENTED TO THE	
MISSASE OF CONDITION CAUSING II.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID (If in Baltimare City, give exact location)
UNDERLYING DOR CONTRIB- UNDERLYING CAUSE OF DEATH. home, fam, foctory, street, of etc.) street	1500 Blk. W. Fairmount Ave.
21D TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	shot in back
22.	DRK BIO 211 SQUE
I certify that I held an Inquiry Inspection Auto	apsy χ and that an this basis, death in my opInlan
resulted fram; Natural causes Accident Suicide	Hamicide X Undetermined manner
1/1/201 10 9/- 600	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE WWW N - SV (M)	ASSISTANT MEDICAL EXAMINERX
EXAMINER'S WERNER U. SPITZ, M.D.	ASSOCIATE MEDICAL EXAMINER 11/9/165
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, town, or county) (State)
Fine and Marialla	YIIIII M Court
4A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NOV 12 1965 Robert E. Farberns	Wall Calleban 1295
The total C. dates.	MAN I CHERRY 112

4-616

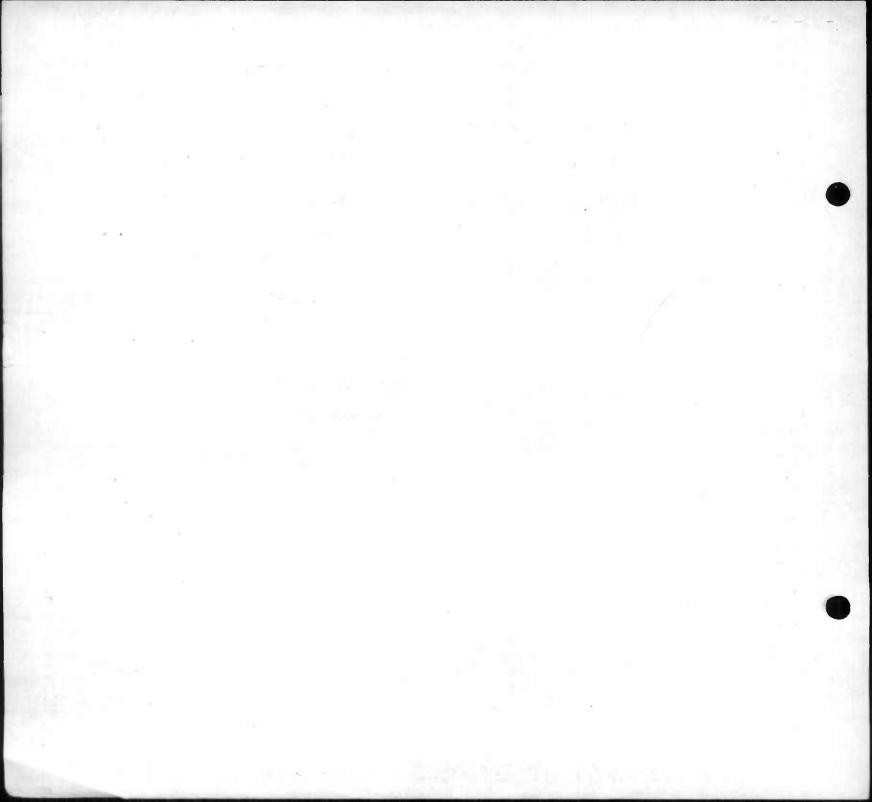
BIRTH NO. 5. 11576 MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH Registered Na.
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
SHIRLEY HERBERT	November 11, 1965 4:25 A. _{M.}
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
	Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore (1-0)
MERCY HOSPITAL	D. STREET ADDRESS (If rurol, give location)
	2570 Cecil Avenue
	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Female Negro WIDO WED, DIVORCED (specify)	Allors birthday) Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life, even if refired) Ward 13. FATHER'S NAME	Balto Md. WHAT COUNTRY?
A C. O. O. O.	O1 20/ 11
15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	CILLL WIFF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Charles Herbert Ir.
18. CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Massiv	e abdominal hemorrhage
(This does not mean the mode of dying, e.g., DUE TO TUP injury or complication which coused death.)	ture of liver
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of Operation [198. CONDITION FOR WHICH OPERATION]	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes
O UNDERLYING OR CONTRIB-	n or obout 21C. WHERE DID (If in Boltimore City, give exoct location) fice bldg., INJURY OCCUR?
UTING CAUSE OF DEATH. Street	Gay & Forrest St. Intersection
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
(APPROX.) 11 11 65 2:15 A. WHILE AT AT WORK	Passenger in auto-auto collision
22. I certify that I held an Inquiry Inspection Auto	apsy X and that an this basis, death in my apinian
resulted fram: Natyral causes Accident X	Homicide Undetermined manner
1/2/11	CHIEF MEDICAL EXAMINER
ACTUAL V (//)	ASSISTANT MEDICAL EXAMINER
	ASSOCIATE MEDICAL EXAMINER 11-11-65
EXAMINER'S NAME (Type) R. Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER
23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMPTERY of	CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	back An Cut med
24A, DATE REC'D BY HEALTH DEFT. 24B, NAME OF REGISTRAR	24% FUNERAL DIRECTOR ADDRESS
NOV 12 1965 R. O. B. E. Farburn	Bessell Electory 1139 n. Cueling
VS 151-REV. 1/1/65	112/15/11/11/11



NOV 12 VS 150-REV. 1/1/65

SAB-

H-525 BA	LTIMORE CITY	HEALTH DEPARTMENT	65	11577
BIRTH NO. 65 11577 CE	RTIFICAT	E OF DEATH	Registered No.	11011
M.E. CASE NO.			D HOUR OF DEATH	
Type or Print) Annie Henson		11-7-		2:15 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				ution: residence before admission
		A. STATE 8. COUNT		× × >
FULL NAME OF (If not in hospital or institution, give street	- 11	Maryland	7	0-04
HOSPITAL OR address ar lacotion) INSTITUTION		C. CITY OR TOWN (If auts	side city limits, write RUR	AL and give township)
Baltimore City Hospitals		Baltimore		
4940 Eastern Avenue			ural, give lacation)	03.007
Baltimore, Maryland			irmount Avenu	le 21223
SEX 6. RACE 7. MARRIED, NEVER M WIDOWED, DIVORC		DATE OF BIRTH	ost birthday)	f Under 1 Yr. If Under 24 h Norths Days Hours Min.
Female Negro Married		2-13-1896	69	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS		1. BIRTHPLACE (State or foreign	gn cauntry) 1	2. CITIZEN OF WHAT COUNTRY?
ane dueing mast of warking life, even if retired)		Virginia		U.S.A
3. FATHERS NAME	11	Virginia 4. MOTHER'S MAIDEN NAM	A E	OFDER
() 4,1-			1	
Trace Walls		10 asie Co	achiverd	
5. Was Deceased Ever in U. S. Armed Farces? 16. SOCI) Yes, no ar unknown](If yes, give war ar dates of service) SECU	RITY NO.	7. INFORMANT		ADDRESS
212	17 2/00	Records: BCH-494	10 Eastern Av	enue 21224
1B. 5 3 5 V	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) Pulm	onary Embolus		Unknown
(This does not meen the mode of dying, e.g.,	DUE TO			V 44444 V 1/44
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	70117 11	onary Insuffici	onour	Years
ANTECEDENT CAUSES	(B)	migra Tilonitici	. с.1Су	10019
DISEASES OR CONDITIONS, if ony, giving	DUE TO	monous Bibassis		Vanna
rise to the obove couse (A) stoling the	(C)	monary Fibrosis		Years
UNDERLYING CONDITION lost.				
7 II Arte	riosclero	tic Cardio Vasc	ular Disease	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE COT DISEASE OR CONDITION CAUSING IT.				Years
			200 IE VEG LUEBE CIL	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF	FERATION	20A. AUTOPSY? (Yes at Na)	IN CERTIFYING CAUSE	
	P. INITION (Yes	() (B - C	Yes
OR CONTRIBUTING CAUSE OF hame, form, f	actory, street, offi	ar about 21 C. WHERE DID ce bldg., INJURY OCCUR?	tir in Paltimare C	ily, give exact tacahani
DEATH (natify medical examiner) etc.)				
21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY (21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.) While At	Nat While At Wark			
22. 1 certify that # (this hospital) attended the decea		5/17 .	9 65 to 1	1/7 19 64
that (we) last saw the deceased alive an				A
			in (my) (apinio	in awarn accurred on the
and haur and from the causes stated above. (I) (We)	(didges) vi	ew the bady after death.		
23A. SIGNATURE		dian - AA-J		B. DATE SIGNED
Daniel 1/k apr	M.D. Allen Phys.	ding Med. Director	Staff Phys.	11-7-1965
23C.PHYSICIAM'S NAME (Type)	23	D. ADDRESS		
Laurice McAfee	M.D.4	940 Eastern Ave	nue, Baltimore	Maryland 212
24A. BURIAL CREMATION, 248. DATE 24C. NAME of C	1			tawn, ar county) (State
REMOVAL (Specify)	nation	7	6 8 4	- 0
1210 Uni 11/12/65 Billi	pur cen	relacy	puels, o	ADDRESS
25A. DATE REC'D BY HEALTH' DEPT. / 25B. NAME OF REGISTI	KAR	25C. FUNERAL DIRECTOR	211	ADDRESS
NOV 12 1965 A O A & Fallent		melin 6	Mullery	1127 11, Cant



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hospital

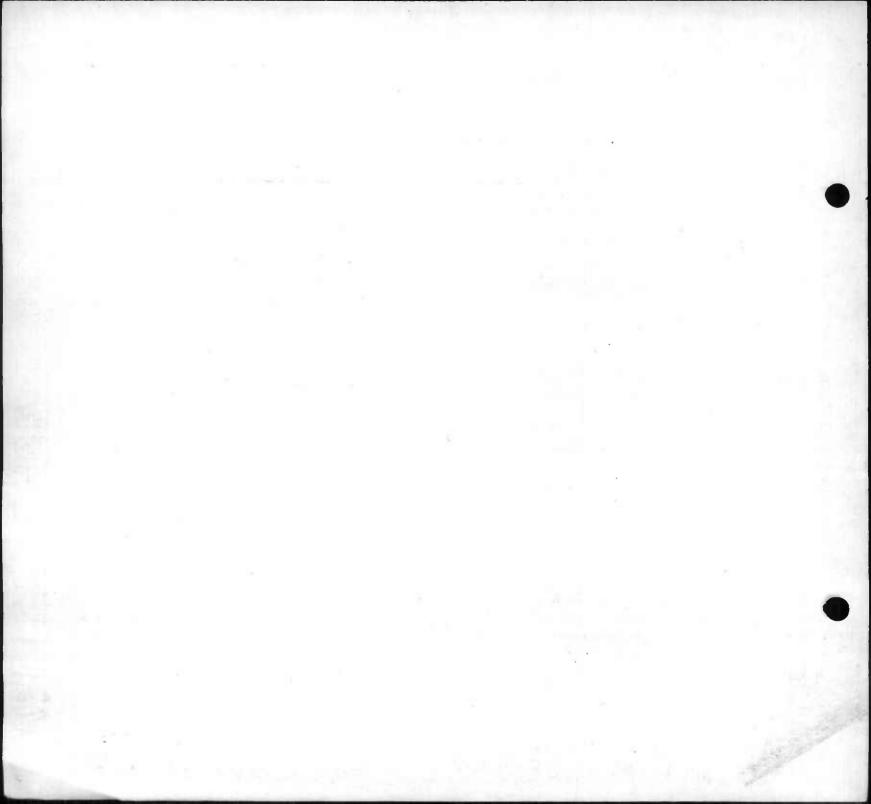
Deceased of death

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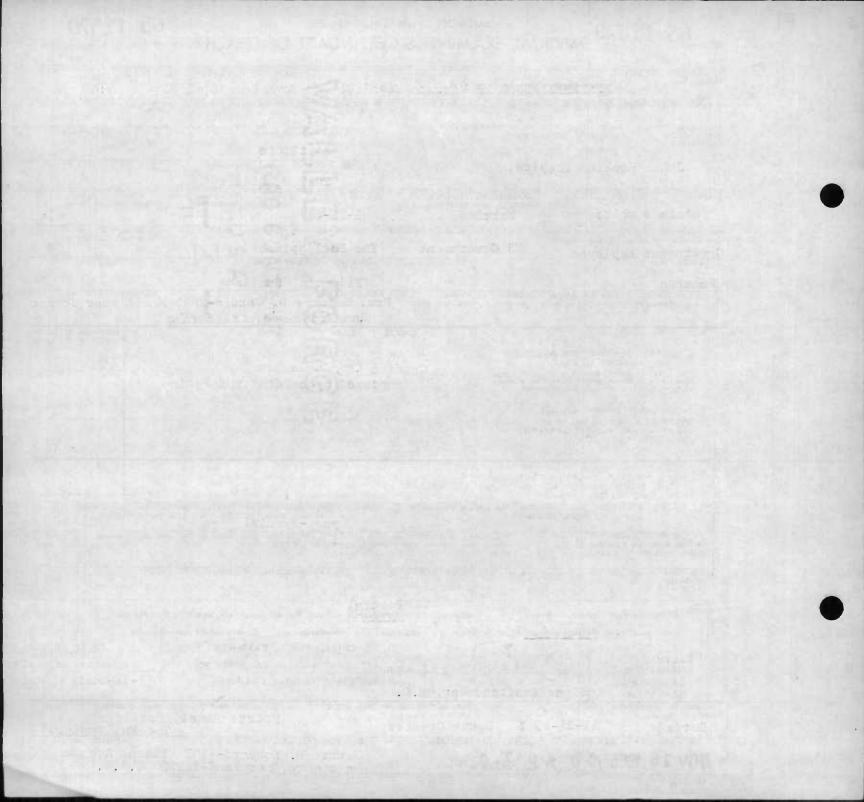
V\$ 150-REV. 1/1/65

15-20115 BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) VINCENT WALKER 3.00A 11-10-65 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY Ilf not in hospital or institution, give street MARYL AND FULL NAME OF HOSPITAL OR addings as lacation) TOWN Alf outside city limits, write RURAL and give township INSTITUTION D. STREET ADDRESS (If rurol, give location) 2220 MURA STREET 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und Manths Densyl Hours If Under 24 Hrs. lost birthdov 8-17-65 10A USUAL OCCUPATION (Give kind of work line, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? A. MOTHER'S MAIDEN NAME BERTHA CURRY 17. INFORMANT ADDRESS CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) YES 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 19 ond that in (my) (our) opinion death occurred an the date and hour and from the causes stated above. (1) (We) (did)/(did not) view the body after death. 238 DATE SIGNED Attending Phys. Stoff Med. Director 23D. ADDRESS Johns MOD 24C. NAME of CEMETERY OF CREMATOR 24D. LOCATION (City, town, or county) FUNERAL DIRECTOR



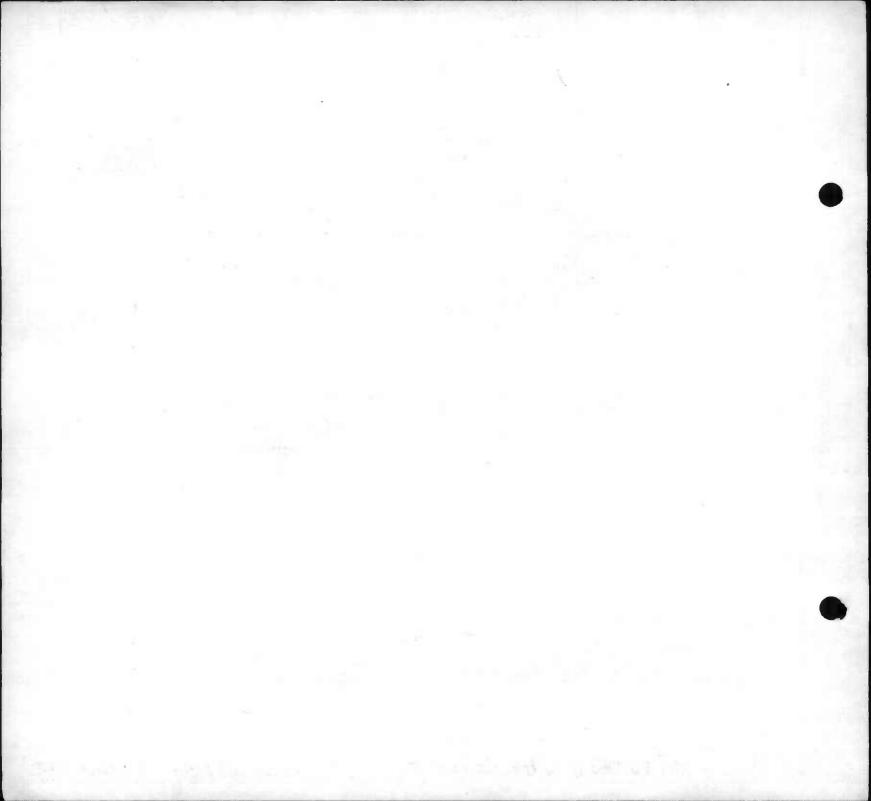
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K-	- 0	4	-
1,		-	-

BIRTH NO.	MEDI	ICAL EXAMINER'S C	ERTIFICA	TE OF DEATH Regis	tered No
M.E. CASE NO.					
1. NAME OF DEC	CEASED			2. DATE AND HOUR PRONOUN	
	NAAAAAA	X XXXXXXXX Vicenta Re	-	November 10, 196	1710
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE	B. CC	stitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET		ryland WN (If outside corporate limits, w	ite RURAL and give township)
HOSPITAL OR	ADDRESS OR LOCA	(IION)		ltimore 7	AL
Tohne	s Hopkins Hos	nital		RESS (If rurol, give location)	_0_
Johns	s nopkins nos	picai		12 Mc Elderry	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRT	H 9. AGE (in year	s If Under 1 Yr. If Under 24 Hrs.
female	white	Married Married	1-22-0	4 lost birthdoys 61	Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Employee	US Government	The Phil		
13. FATHER'S NAM	A E		14. MOTHER'S N	AAIDEN NAME	
Unknown			Filome	na Sumilang	
	D EVER IN U.S. ARMED	FORCES? 16. SOCIAL S of service) SECURITY NO.	Mrs. Dolor	es R. Garcia-2632	McAllister Street
				ncisco, Californi	
18.	20.1	CAUS	E OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	PECTLY			ONSET AND DEATH
	LEADING TO DEATH	(A) Cord:	ac tampon	ade	
heart failure,	not meon the mode of , osthenio, etc. It meons	the disease,	ntured my	ocardial infarction	on T
injury or cor	mplication which coused	deom./	process and		
	ANTECENDENT CAUSE	(R)			
DISEASES RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	NY, GIVING DUE TO		***************************************	
	NG CONDITION LAST.	(C)			
<u> </u>	li li	(0)		***************************************	
O THE	NIFICANT CONDITIONS DEATH BUT NOT REL	LATED TO THE			Value and
DISEASE O	R CONDITION CAUSING	DITION FOR WHICH OPERATION	DOA AUTORS	1? (Yes or No) 20B. IF YES, WERE	EINDINGS CONSIDERED
2 2	WAS PER			-Partial yes	
O UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. \alpha office bldg., INJUR	WHERE DID (If in Boltimore City, Y OCCUR?	give exact location)
7					
OF INJURY	(Month) (Doy) (Year			OW DID INJURY OCCUR?	
(APPROX.)		m. WORK LAT V	WHILE D		
22.	tify that I held an I	nguiry Inspection Au	rtial topsyXX on	d that an this basis, death in	my apinian
resul	ted fram: Natural car			ide Undetermined man	
	1/1	2		EDICAL EXAMINER	
ACTUAL	_ 1 / 1/	north wall		EDICAL EXAMINER	DATE SIGNED
SIGNAT) TOOMS OF M.E		AEDICAL EXAMINER	11-10-65
NAME (Type) Rudiger	Breitenecker, M.D.	ASSOCIATEN	MEDICAL EXAMINER	11-10-03
23A. BURIAL CRE	MATION, 238 DATE	23C. NAME OF CEMETERY	or CREMATORY		ty, town, or county) (Stote)
REMOVAL (Specify Burial	11-21-6	55 ? South Cemeter	v	Makati Rizal,	
	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	•	AL DIRECTOR	The Philippines
NOV 15	1965 Robert		Howard	H. Hubbard-4107	Wilkens Avenue
		C. Jansey P.M.	Baltim	ore, Maryland-212	29 U.S.A.
VS 151-REV. 1/1/	65			CONTRACTOR OF THE PARTY OF THE	



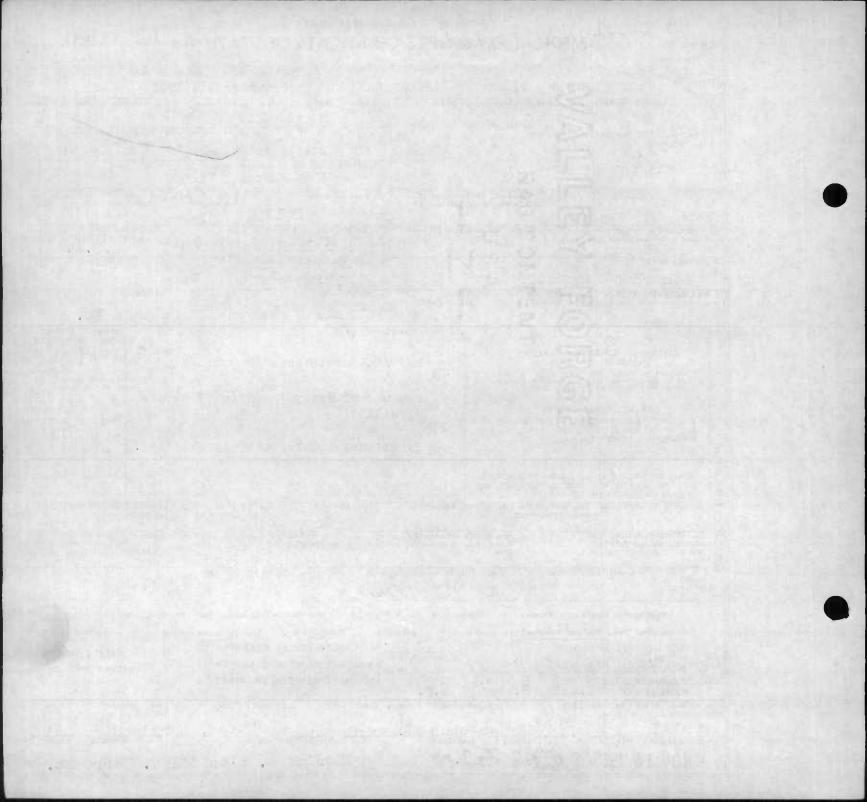
VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		A
BIRTH NO. M.E. CASE NO. 65 11580	CERTIFICA	TE OF DEATH		65 11580
1. NAME OF DECEASED (Type or Print) MC CALL, M) 3. PLACE OF DEATH IN BALTIMORE MARYLAND	LDRED	NOVE	MBER 13	1965 104.
3. PLACE OF BEATH IN BALTIMORE MARTLAND		4. USUAL RESIDENCE (Whe A. STATE B. COUN	ITY	
FULL NAME OF (If not in hospitol or institut HOSPITAL OR oddress or locotion)	ion, give street	C. CITY OR TOWN (If OU	ISALTIM Iside city limits, write RI	INE JRAL and give township)
4505 WAKEFIELD	ROAD	BALTIMOR		28-03
BALTIMORE, MAP			rurol, give location) EFIELD	ROAD
WIDO WIDO	NED, NEVER MARRIED (WED, DIVORCED (specify)	8. DATE OF BIRTH AUG. 6. 1921	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
DIETARY WORKER Sch	al System	BALTIMOR	BE, ma.	USA
3. FATHER'S NAME		14. MOTHERS MAIDEN NA		
EDWARD SKINNER		HaTTIE	HUNT	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
N.O.	216128923	SISTER		SAME
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH
LEADING TO DEATH	e.g., (A) COI	RODARY INSUF	FICIENCY	24 hours
(This does not mean the mode of dying, heart foiluie, asthenio, etc. It means the dise	e.g., DUE TO			57/10000
injury ar complication which coused death.)		2-min		2 14/200
ANTECEDENT CAUSES	DUE TO	DEMIA	P-9-0-000 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- WEEDS
DISEASES OR CONDITIONS, if any, girise to the obove couse (A) stating UNDERLYING CONDITION tost.	The (c) ACU	TE MYELOGEN	ious Leukemi	Alyean 8mos.
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE NONE			
WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work		URY OCCUR?	
22. I certify that (I) (this hespitul) attend			1965 to DOVE	MBER 13 1965
that (I) (we) last saw the deceosed alive		/		on deoth occurred an the dat
and hour and fram the couses stated abav			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4
23A. SIGNATURE	SP T		-	23B. DATE SIGNED
Vighte M Om	Low if M.D. Atte	med. Director	Staff Phys.	nov, 13 1965
23C. PHYSICIAN'S NAME (Type)	C	23D. ADDRESS	à. ₹ ↑)	Do =
IKEDRIC M.	SIMOWITZM.D.	SINAI HOS	TILHL	ISALTIMORE, MA
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY DIE DIE 24D. M	OCATION TICITY.	town, or county (Stote)
25A. DATE REC'D BY HEALTH DEPT. 125B. NA/	ME OF REGISTRAR	25C FILLER M CORECTOR	The state of	ADDRESS
NOV 15 1965 P. P. & &	Farber Mar	25C. FUNERAL DIRECTOR	Ac / Trico	6 GIN BURY
THE THE THE THE THE		1666666	00-10-0	100/



BALTIMORE CITY HEALTH DEPARTMENT

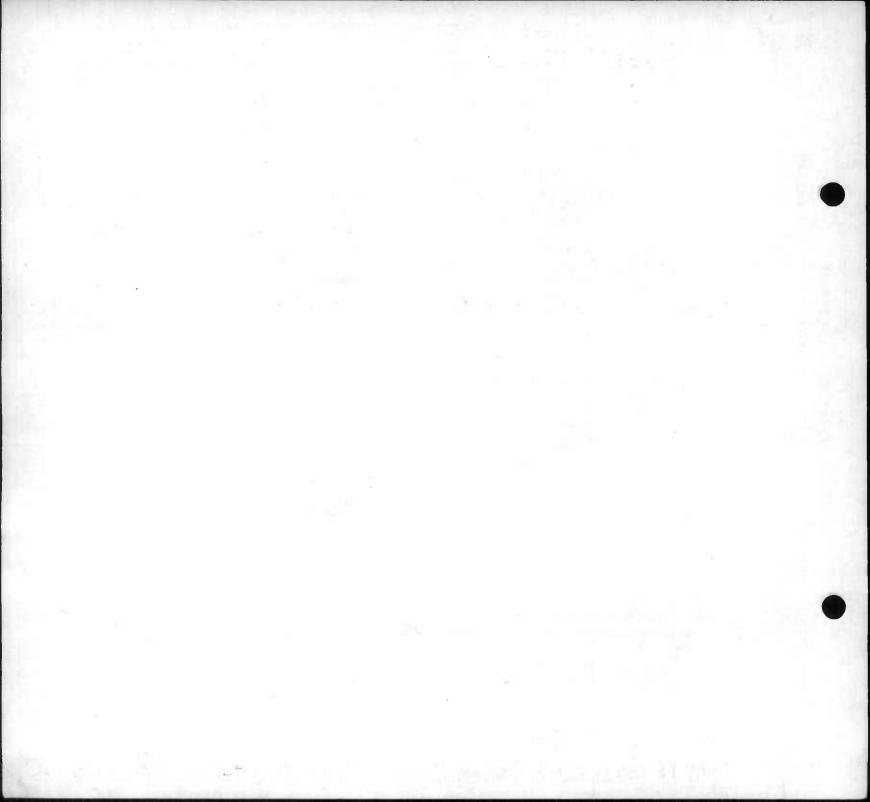
BIRTH NO. MEDICAL EXAMINER'S			DEATH Registe	-65. 11581	
M.E. CASE NO.					
1. NAME OF DECEASED (Type of Print) GEORGE E. LANCA	STER		mber 11, 19		P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		eryland	deceased lived. If inst B. COL	titution: residence before odmi JNTY	ssion
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			e corporate limits, write	e RURAL and give township)	
INSTITUTION /	Ва	altimore		1501	
Sinai Hospital	D. STREET ADD		give locotion) coat Street		
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male Negro	B. DATE OF BIRT	1918	9. AGE (In years lost birthdoy) 47	If Under 1 Yr. If Under 24 Months Doys Hours	4 Hrs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS done during most of working life, even if relired) Laborer	Mary	land		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S M				
Charles Lancaster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Maggi 17. INFORMANT	e Thom	as	ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		TT	TER D		
18 / CAU		s Hen	SUI 557 DI	olphin St.	/EFA
4401	ISE OF DEATH			ONSET AND DE	
	sive Subara	achnoid	Hemorrhage		
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)			•••••••••••••	- · · · · · · · · · · · · · · · · · · ·	
Rup	ture of Be	rry Aneu	rysm of Cir	cle	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	Willis			***************************************	
INDERIVING CONDITION LAST		7 4	and Dica		
(c)Hyp	ertensive (Jarolova	scular Dise	ease,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
DISEASE OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		(? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	S
₹ 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	g., in or obout 21 C.	WHERE DID	(If in Boltimore City, gi		
UTING CAUSE OF DEATH.	, omes bigg, mayor	i occok:			
21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRE (APPROX.) WHILE AT AT	D 21F. H	OW DID INJU	RY OCCUR?	ŧ	
22.		d that an thi	s basis, death In n	my opinian	
	ide Hamic		Indetermined mann		
		EDICAL EX			
SIGNATURE (Lailes & leity M	D. ASSISTANT M	EDICAL EX	AMINER X	DATE SIGNE	
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE A			11/12/6	0
23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETER REMOVAL (Specify)	Y or CREMATORY	23 D. L	OCATION (City,	, town, or county) (Stat	te)
	morial Pa	ml Ar	butus, Mar	ryland	
Burial 11/14/65 Aubutus Mei 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR		AL DIRECTOR		ADDRESS	
NOV 15 1965 Robert E. Farleyman	Char	les A.	Rice 661	W. Barre St	
VS 151-REV. 1/1/65	1 1 3 3	11 1			



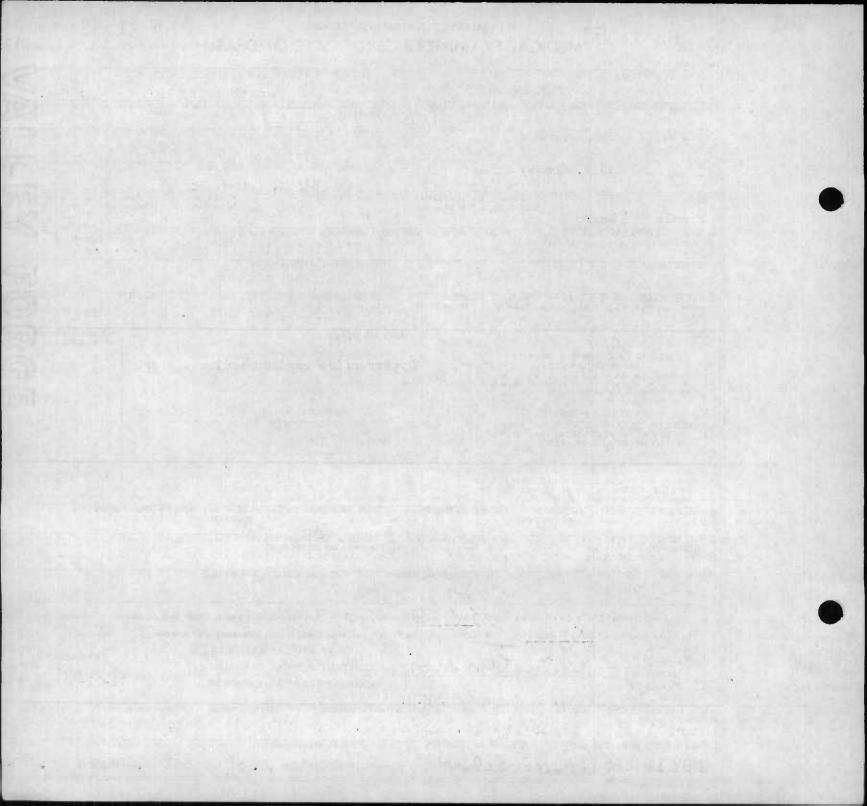
BALTIMORE	CITY	HEALTH	DEPARTMENT	
DALIMORE	CITT	HEALIN	DELAKIMENT	

BALTIMORE (CITY HEALTH DEPARTMENT
M.E. CASE NO.	CATE OF DEATH Registered No. 11582
(Type or Print) ROSHELL OLLIE GOODMAN	DR. M. O. J. F. STU 3 15 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence phenore admission A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RUBAL and give township)
UNIVERSITY OF MARYLAND	BALTIMORE - 21230
BALTIMORE, MD . 21201	D. STREET ADDRESS (If rurol, give location) 930 RIDCELY 57
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs
WIDOWED, DIVORCED (specify)	ost birthdoy) Annual Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRIES OF INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME GOODWAN	14. MOTHERS MAIDEN NAME CIN KIRRING
15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	19 Eva Goodman 930 Ridgely of
	SE OF DEATH INTERVAL BETWEEN ONS M AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., DUE TO	SENDOMONAS SEPTICEMIA
heart failure, asthenia, etc. II means the disease.	
ANTECEDENT CAUSES (B) CUE TO	SEUDOMONAS PNEUMON:A
DISEASES OR CONDITIONS, if ony, giving	
UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	FAILURE
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e home, form, foctory, stree etc.)	e.g., in or obobi 21 C. WHERE DID (If in Boltimore City, give exact location) et, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeot) (Houi) 21E, INJURY OCCURRED OF INJURY Mile At Not	While Work
22. I certify that (1) (this hospital) attended the deceased from	
that (I) (we) last saw the deceased alive an	11 19 6 5 and that in(my) (aur) apinian death occurred an the da
and haur and fram the causes stated above. (1) (We) (did)	view the bady after death.
23A. SIGNATURE C. S.C. O. M.D.	Attending Med. Stoff
23C. PHYSICIAN'S	Phys. Diector Phys. 1111165
NAME (Type)	M.D. UNIVERSITY MOSPITAL, BALTO, MD-2120
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF BUTUAL (Specify)	CREMATORY 24D TOCATION (City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. PONEVAL DIRECTOR ADDRESS S
NOV 15 1065 A A & A FAR HA	Marker (holland be) W. Kanro

25C. FONERAL DIRECTOR Marles a Rice 661W Barre



BIRTH N	.65	11583 _{MED}		CAMINER'S C					000
	ASE NO.	Matthew World and	State At					44 44	y • 148
(Type or	AE OF DEC		ELIA HEN	IRY			vember 11, 1		11:30 A.M
3. PLAC	E IN BALT	MORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL A. STATE	RESIDENCE (When	e deceosed lived. If inst	titution: residen	
FULL N HOSPITA INSTITU	AME OF AL OR TION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OF		de corporole limits, writ	RURAL ond	give township)
0		615 W. Con	way Str	eet	D. STREET	Baltimore ADDRESS (If ruro		+) 0
5. SEX	male	6. RACE Negro		NEVER MARRIED DIVORCED (specify)	B. DATE OF		9. AGE (In years lost birthday)	II Under 1	Yr. If Under 24 Hr.
		JPATION (Give kind of worl working life, even if retired)	NOB. KIND OF	BUSINESS OR INDUSTR	Vir	ginia		12. CITIZEN	COUNTRY?
	Unich o					Jnknown	ĀΕ		
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORM		s 537 S. 1	ADDRESS Paga S	treet
ICATION	This does in each foilure, in each foilure, in each foilure, in each foilure. ADISEASES RISE TO THE SIGNOTHER SIGNOTHER SIGNOTHE	SE OR CONDITION DI LEADING TO DEATH not meen the mode of osthenio, etc. It meons inplication which coused INTECENDENT CAUSE OR CONDITIONS, IF A EABOVE CAUSE (A) S ING CONDITION LAST. II III III III III III III I	dying e.g., the discose, death.) ES NNY, GIVING TATING THE CONTRIBUTII LATED TO T	(B)(C)	ertensiv	ve cardio	vascular dis	ease	
12 6	DATE OF	OPERATION 198, CON WAS PER	IDITION FOR			No	O) 20B. IF YES, WERE FI	SES OF DEAT	rH?
AEDIC MAN	DERLYING DERLYING	CAUSE WAS FOR CONTRIB- SE OF DEATH.	home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	office bldg., II	NJURY OCCUR?		ive exoct loco	tion)
OF (AP	TIME INJURY PROX.)	(Month) (Doy) (Yeo	V	WHILE AT NOT AT V	WHILE 2	IF. HOW DID IN	JURY OCCUR?		
22.		tify that I held an I	nquiry 🗌	Inspection X Au	utopsy 🗌	ond that on t	his bosis, deoth In	my opinion	
	resul	ted from: Notural ca	uses X	Accident Suici	de 🗌 Ho	omicide 🗌	Undetermined monn	er 🗌	
	ACTUA		reste	march.		EF MEDICAL E			DATE SIGNED
	EXAMIN NAME (IER'S	Breiten	ecker, M.D.		TE MEDICAL E		11	-11-65
REMOV	URIAL CRE	MATION, 23B. DATE	L5/65 23	Mt. Auburn			Baltimore,	Maryl	
24A. D	ATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. F	UNERAL DIRECTO	PR	AD	DRESS
NO	OV 15	1965 Robert	5 8. Fa	Benta	Ch	arles A	. Rice 661	W. Ba	rre St.
VS 151	-REV. 1/1/			2 12 11 17	11 (3)		1		



65 11584 BALTIMORE CI	TY HEALTH DEPARTMENT
	ATE OF DEATH Registered No. 4584
M.E. CASE NO. I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print)	
WISECARVER, CLARENCE	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	MARYLAND BALTIMORE
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE 7.0NF 28
ST. AGNES HOSPITAL	
W C	D. STREET ADDRESS (If rurol, give locotion) (FOREST HAVEN 315 INGLESIDE AVENUE NUBSING HOME)
	NONSTING HOTE)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
MALE WHITE WIDOWED	4-7-87 78
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most/of working life, even if retired)	11. BIRTH LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Wechinist Manufacturing	VIVGINIA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM WISECZYVER	EMMA —
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ST AGNES RECORDS CATON & WILKENS AVE
NO - 2/3-03-7350	O TE MANES MESSAGE ON THE MESSAGE OF
18. 422./I	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	devid octusion Right les
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	viena occore Right Ke.
heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	regret caso
ANTECEDENT CAUSES (B) DUE TO	*
DISEASES OR CONDITIONS, if any, giving	Ateriosoleratio and invercellas desease
rise to the obove cause (A) stating the (C) //	by the state of th
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO YOU
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	ones stags, install a dear.
D 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not W	
Work At Wor	
	NOVEMBER 10 19 65 10 NOVEMBER 12 19 65 .
that (I) (we) lost saw the deceased alive on NOVEMBER 1	219 65ond that in(my) (our) opinion death occurred on the date
ond hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter deoth.
23A. SIGNATURE	23B, DATE SIGNED
M.D. A	ttending Med. Director Phys. Phys. 11-12-65
DOSC BUNGLOWS AND	23D. ADDRESS
NAME (Type) PABLO DIBOS	ST. AGNES HOSPITAL CATON & WILKENS AVE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	
D REMOVAL (Specify)	al County (Store)
DUNIE! 15/10065 GOOD SITELINES	a cem Howard Co., 111d
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
NOV 15 1965 A C & C Fo D as	Durgeel Funeval Affine 3631 (fp//s 14
VS 150-REV. 1/1/65	my MINNE IN MANNE SA

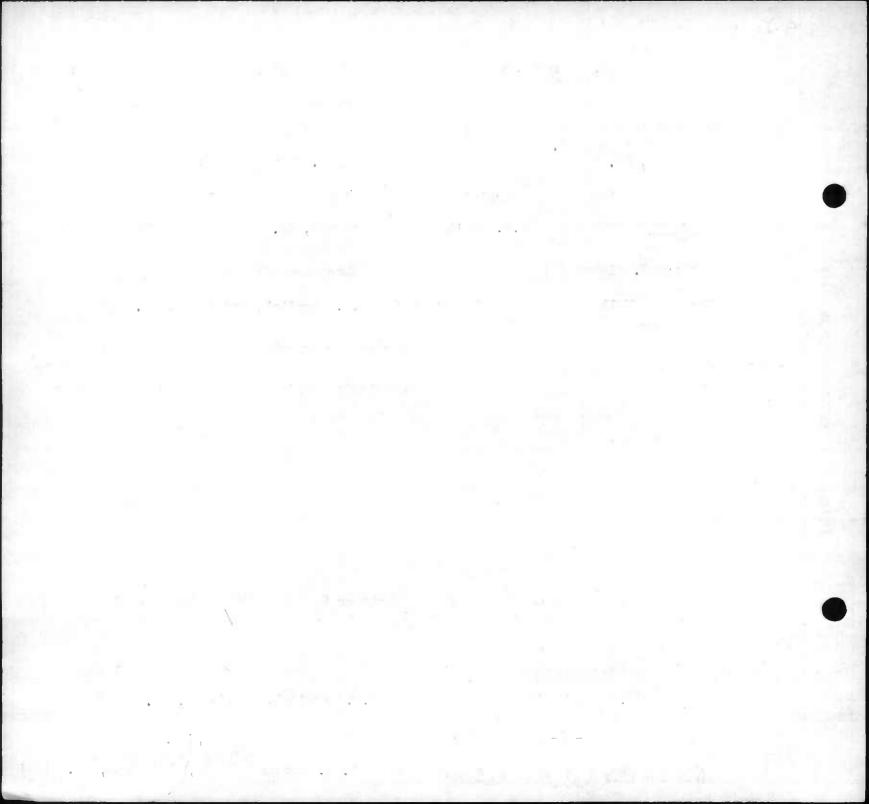
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The second control of the second

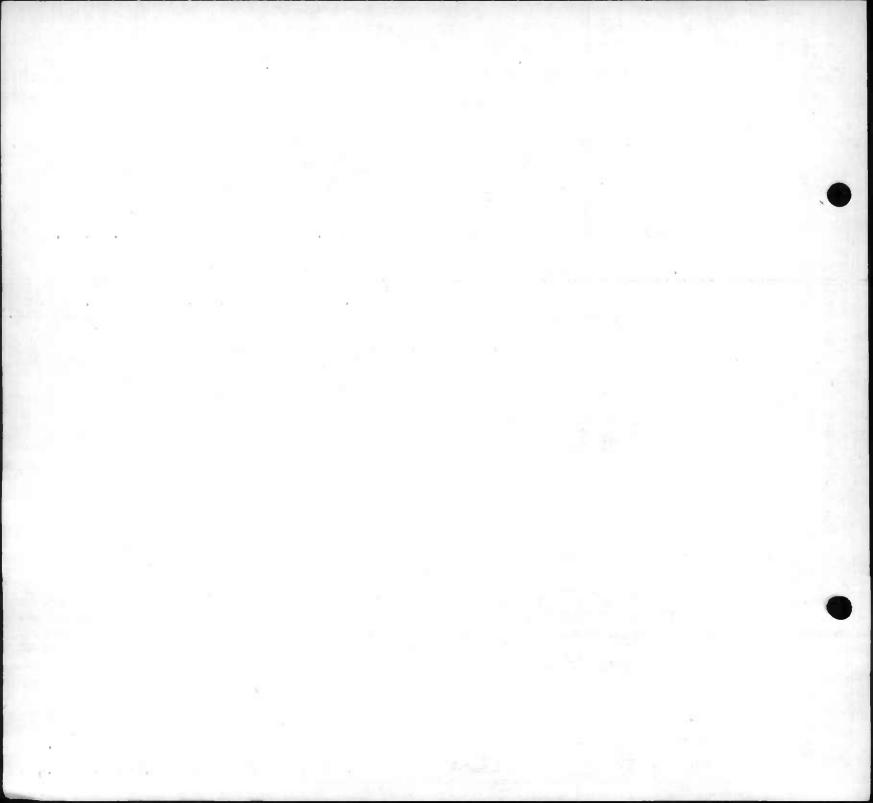
Marker - Tare and the Tare, party - Land

	H NO. . CASE NO. AME OF DECE	ASED		CERTIFICA	CIL OI DI		HOUR OF DEATH		
(Тур	e or Print)	FISHER, Aubre	v Lee			11/11/6	5		8:10 AMM.
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESID	DENCE (Where	5 deceased lived. If ins	ditution: residence	e before odmission)
						B. COUNTY	7		//
F	ULL NAME OF	 (If not in hospital address or location 	or institution,	give street	Maryla:		le city limits, write RI	URAL and give	township)
Ve	eterans A	dministratio	n Hospi	tal	Freder		ony mina, wine m	60-	-//
		Raven Blvd.			D. STREET ADD		ol, give location)	00	//
3900		Md. 21218				Church			
S. S		6. RACE	7 AAA PRIED	NEVER MARRIED	B. DATE OF BIRT		AGE (In years	If Under 1 Yr.	. If Under 24 Hrs.
). J			WIDOWE	D, DIVORCED (specify)		los	t birthdoyl	Months Doys	Hours Min.
43	M	White	Marr		2/10/14		51	1	
		PATION (Give kind of work rorking life, even if retired)		BUSINESS OR INDUSTRY			country)	12. CITIZEN OF	UNTRY?
	Laborer		U.S.	Govit	Roanoke	, Va.		USA	
	FATHER'S NAM	E			14. MOTHERS A	MAIDEN NAME			
	Walton E	Fisher (D)			Assishanan i	T - 17372	(D)		
		F. Fisher (D)		1 6. SOCIAL	17. INFORMANT		ourne (D)	ADDR	2FSS
-		Ever in U. S. Armed For (If yes, give wor or date	s of service)	SECURITY NO.					
Y	es	Wll		217 10 9703	V.A. Ho	spital,	Baltimore,	Md. 2123	18
	18. / /	VI		CAUSE	F DEATH				AL BETWEEN
		OR CONDITION DIS	RECTLY	De	danah				AND DEATH
		LEADING TO DEATH		(A)	iratory A	rrest		0	
		of meon the mode of osthenio, etc. It meons						Approx	ximately
		plication which coused			stasis Ca	rcinoma	of the Lung	61	Months
	A	NTECEDENT CAUSES		(B)	DOGDZD OG	2 021101110	01 0110 Daily	5	10110110
	DISEASES O	R CONDITIONS, if	ony, giving	00110				1	
		obove couse (A)	sloling lhe	(C)			0		
	UNDERCTING	CONDITION lost.							
z	OTHER SIGNIE	IL PICANT CONDITIONS C	ONTRIBITING	G					
ATION	TO THE DE	ATH BUT NOT RELA	TED TO TH	E					
2	19 A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	208. IF YES, WERE F	INDINGS CONS	DERED
ERTIFIC		WAS PERI				No	IN CERTIFYING CAU	ISES OF DEATH	?
)	21 A. ACCIDEN	T WAS UNDERLYING	21 B	PLACE OF INJURY (e.g.,			(If in Boltimore	City, give exoc	t location)
į	OR CONTRIBUTE	TING CAUSE OF	horr etc.	ne, form, foctory, street, c	office bldg., INJURY	OCCUR?			
)	, in the second		(Man 3 103 5	INJURY OCCURRED	015 11	DIM DIE MINI	W 0.001189		
4	OF INJURY	(Month) (Doy) (Year)				OW DID INJUR	a occor:		
	(APPROX.)		Wo						
	22. I certify	that (1) (this hospital) attended t	he deceased framQ	ctober 8	19	65 to Nover	mber 11	19.65
				Nonember 11					
				1) (We) (did) (of of fot)					
	23A. SIGNATUI			, (, o, (o, o,) (y, y) , y ,)	Ind budy d			238 DATE SIGN	NED
	9	50 01	. <	Q M.D. AH	ending N	Aed. St	off 🖂		
Phys. Director Phys.							ny s.	11/11/	05
	23C. PHYSICIAN NAME (Ty	D. EDWARDS	SMTTH		V A HOS	nitel D	altimoma 1	8d 2727 S	2
		A ALLEST ALLES	OLITTII	M.D.		DI GIPOIL	altimore, N		
4 A	BURIAL CREA	AATION, 248. DATE		AME of CEMETERY of CR		24D. LOC		y, town, or coun	ty) (Stote)
	BURIAL CREA REMOVAL (S Burial	AATION, 248, DATE		ame of CEMETERY of CR ant Olivet Cer			derick, Md.		(Stote)
]	REMOVAL (S	AATION, 248. DATE	65 Mot		metery	Fred	derick, Md.	21701	PRESS
]	REMOVAL (S	AATION, 248. DATE 11-15-0	65 Mot	int Olivet Cer	metery	Fred	derick, Md.	21701	PRESS

BALTIMORE CITY HEALTH DEPARTMENT

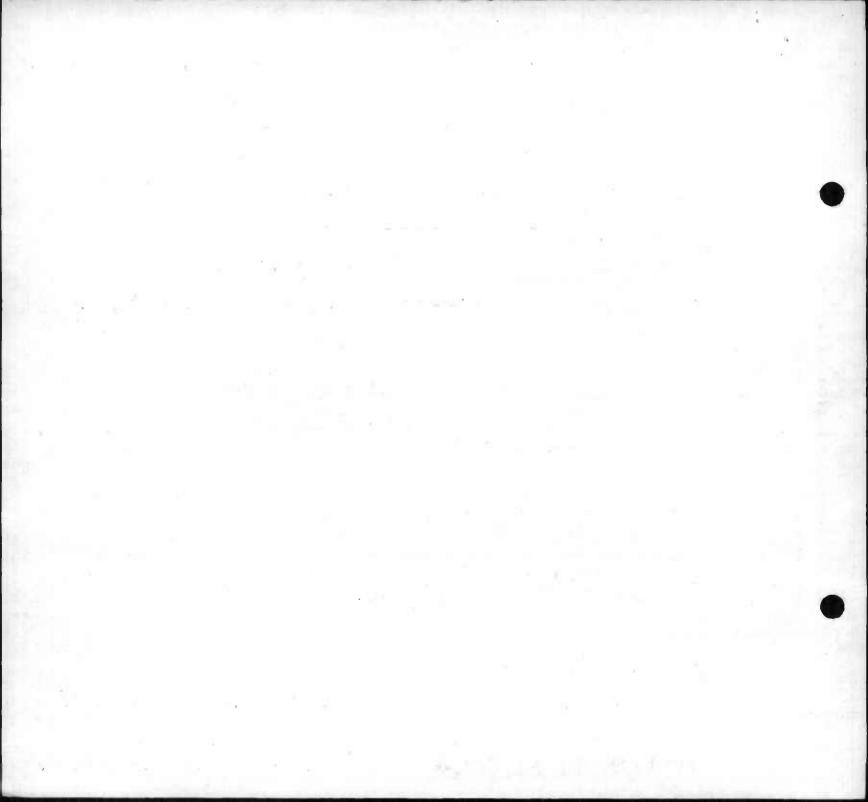


			BALTIMORE CITY	HEALTH	DEPARTMENT			
BIRTH	No. 65 11	586	CERTIFICA	TF O	F DEATH	Registered No	CE 34 FD0	
	CASE NO.		A CERTIFICA				63 11386	
	or Print)	M.	Ladman -		2. DATE A	10/65 DEATH	4:15 P M.	
3. PL.	ACE OF DEATH IN BALTIMORE, A	MARYLAND		4. USUA	L RESIDENCE (W	nere deceased lived. If in	stitution: residence before admission)	
HC	LL NAME OF (If not in haspit DSPITAL OR address ar laca STITUTION	al or institut tron)	ian, give street	ma	ey/and		RURAL and give township)	
11	Lutheran	Har	elot 1		Baltimo.	re		
46	La heran	10 00/	21101		126 N For	of rural, give location)		
5. SE)	6. RACE	7. MARE	IED, NEVER MARRIED	8. DATE		9. AGE (In veors	If Under 1 Yr. If Under 24 Hrs.	
F	e white	WIDO.	WED, DIVORCED (specify)	4	121/22	last bighday!	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.	
	ISUAL OCCUPATION (Give kind of watering most all warking life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTH	IPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	lousewife	,	===		Md.		U.S.A.	
13. FA	THER'S NAME			14. MOT	HER'S MAIDEN N	AME	00000	
		nson			Alice Mi	ller		
	as Deceased Ever in U.S. Armed a ar unknawn) (If yes, give war ar d		1 6. SOCIAL SECURITY NO.	17. INFO			ADDRESS	
	10			Mrs.	Jeannet	te F.Bevar	d 1826 N. Forest	
11	DISEASE OR CONDITION	DIRECTIV	CAUSE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH	
	LEADING TO DEAT	H	(A)	Cerebral Arterioscleousis untum Arterios derotic Cardiovascula untum Disease				
F	This does not meon the mode tearl failure, osthenia, etc. It mea njury or complication which cous							
	ANTECEDENT CAUS	eles unknown						
1	DISEASES OR CONDITIONS, i	f onv. ai	vina DUE 10 U	islas	e			
1	se to the obove couse (A							
z	11 OTHER SIGNIFICANT CONDITIONS	CONTRIBI	TING					
ATIC	TO THE DEATH BUT NOT RI DISEASE OR CONDITION CAUSING	ELATED TO	THE					
ERTIFIC		PERFORMED	OR WHICH OPERATION	20 A.	NO (Yes or)	No. 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?	
0 2	1A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, a etc.)	n ar about flice bldg.,	21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact lacotion)	
0 2	1D. TIME (Manth) (Day) (Yes	or) (Hour)	21E, INJURY OCCURRED		21F. HOW DID IN	NJURY OCCUR?		
3	A PPROX.)		While At Not While Work At Work					
2	2. I certify that (I) (this hospi	tol) attend	ed the deceased from	Nove	mpen 9.	19 65 to NOV	emply 10 19 65.	
1			44	0 19			nion death occurred on the date	
0	nd hour and from the couses s	toted obov	e. (1) (We) (did) (did not)	riew the	body ofter deoth	i		
2	3A. SIGNATURE						238, DATE SIGNED	
	The Stark	m	M.D. Att	ending	Med. Director	Stoff Phy s.	11/10/65	
2:	OBERT C	Blac	tmon, M.D.	23D. ADD			ra/	
24A.	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		C. NAME OF CEMETERY OF CR	EMATORY	24D.	LOCATION (C)	ty, tawn, ar caunty) (State)	
	Burial 11-13	3-1965	Woodlawn			Woodlawn	Md.	
25A.	NOV 15 1965 P. P.	258 NA	Talon Ma		FUNERAL DIRECTO		ADDRESS	
VS 15	60-REV. 1/1/65			0			,	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	ALAST TIME	BALTIMORE CITY	HEALTH DEPARTMENT	65 11EOM
	TH NO. 65 11387	CERTIFICA	TE OF DEATH Registered	No.65 11587
	E. CASE NO.		2. DATE AND HOUR OF DE	ATH
	pe or Print) NELSON E. WA	RDELL	November 1	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived	. If institution: residence before admission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	tion, give street	Maryland Cecil c. CITY OR TOWN (If outside city limits,	DIDA!
	Church Home &	Hospital	Perryville-Rural	write KOKAL and give township)
16	Office of frome of	110501.041	D. STREET ADDRESS (If rurol, give locotion	in)
			Carpenters Point	
5.	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) Tried	B. DATE OF BIRTH 9. AGE (In years lost bighday) Jan. 4, 1906 59	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
102	LUSUAL OCCUPATION Give kind of work 10B, KIN			12. CITIZEN OF
	Retired		Maryland	WHAT COUNTRY?
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	722
	Grant Wardell		Margaret H. Preston	
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Ye			Man Edith Hand 77 D	
-	Yes WW II	217-9-7367	Mrs. Edith Wardell, Pe	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH	(A) Acut	e Myocardial infarction	l hour
	(This does not mean the mode of dying, heart failure, osthenio, etc. It means the dise	ase,		
	injury or camplication which caused deoth.)	Arter	iosclerotic Cardiovascul	lar 3 years
	ANTECEDENT CAUSES	DUE TO		
	DISEASES OR CONDITIONS, if ony, gi	se		
	UNDERLYING CONDITION lost.	00 00 00 00 00 00 00 00 00 00 00 00 00		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO			
CAI	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. ALITOPSYZ (Yes or No) 208 IF YES W	VERE FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING	CAUSES OF DEATH?
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Bo	Itimore City, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
×	(APPROX.)	While At Not While At Work	e	
	22. I certify that (I) (this hospital) attend		une 1963 to 0	ctober 31 19 65
	that (1) (we) last saw the deceased alive		44	
) apinian death accurred an the date
	and haur and fram the causes stated abov	e. (I) (me) (ala) (ala not) v	lew the bady after death.	23B, DATE SIGNED
	John A	M.D. Atte	Med. Stoff Phys.	230, 5411 3101125
	23C. PHYSICIANS NAME (Type)		23D. ADDRESS	
	John D. Yun	M.D.	615 S. Union Ave., Havr	re de Grace, Md.
24/	REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY OF CRE		(City, town, or county) (State)
	Burial 11/4/65	Asbury Cemetery		
25/	NOV 15 1965 (P. P. S. P.	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS Downwrillo Md
1/5	JINOUN C	tarbey MA	Lee A. Patterson & Sc	m, rerryville, Ma.
V 2	150-REV. 1/1/65		1 0 1 7	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/65

	05 44500	BALTIMORE CITY HEALTH DEPARTMENT					
	TH NO. 65 11588	CERTIFICA	TE OF DEATH	Registered No	65 11588		
1. N (Typ	pe or Print) TESSIE TI	HOMAS	Nov	3 1965	7 A.M.		
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	e deceased lived. If ins TY	titutian: residence before admiss		
F	FULL NAME OF (If not in hospital or institution, given hospital OR oddress or location) NSTITUTION	e street	C. CITY OR TOWN (IV OUT	LAND.	JRAL and give township)		
4	105 S. Loudon Al	VP	BritT	MORE rural, give location)			
U	103 5, 200 40 4 7) 6			Louden.	Aug.		
5. \$		DIVORCED (specify)		9. AGE (In years last birthday)	Manths Days Hours Min		
	USUAL OCCUPATION (Give kind of work 10B. KIND OF BI e during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME	1476//	14. MOTHER'S MAIDEN NA	ME	1		
	FRANK Hicka		Flin-Lon	- Tobus			
15. \	Was Deceased Ever in U. S. Armed Farces?	6. SOCIAL	17. INFORMANT INS	5. Louden A	ADDRESS		
(Tes	s,na ar unkna wn) (If yes, give war ar dates of service)	SECURITY NO.	Mo Jon Mr	Thomas	7.		
	18. 1750	CAUSE O		111CMAS	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH		
	LEADING TO DEATH (A) METASTATIC CARCINEMA						
	head failure action in a mode of dying, e.g.,						
	injury or camplication which caused death.) ANTECEDENT CAUSES (B) CARCINOMA OF OVARY						
	ANTECEDENT CAUSES (B) DUE TO						
V	DISEASES OR CONDITIONS, if any, giving						
H.	rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)					
	II .						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	MITRA	L STENOSIS				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?		
CAL C	21A. ACCIDENT WAS UNDERLYING 21B. PL Nor CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.)	ACE OF INJURY (e.g., i form, factory, street, a	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)		
EDI	21D. TIME (Month) (Day) (Year) (Hour) 21E, IN	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
\$	(APPROX.) While	At Wark					
	22. I certify that (I) (this hospital) attended the deceased from JUNE 1965 to Novamber / 3 1965						
	that (I) (we) lost sow the deceased alive on NOVEM 24/2 1965 and that in (my) (aur) opinion death occurred on the d						
	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE	me/ (did/ (did nor/)	new the body offer death.		23B, DATE SIGNED /		
	Dano Ugar	M.D. AH	ending Med.	Stoff	NOV- /13/65		
	23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phy s.			
	NAME (Type) DARIO VGA	RTE M.D.	5550 BAL	BHLTO M	ATIONALPIKE		
24A	A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	NE of CEMETERY of CR	EMATORY 24D. L	OCATION (City	(Sto		
1	BURIAL 11/15/65 GLE	N. HAVEN	CEM. B	ALTO. 1	40.		
25A	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF		25C. FUNERAL DIRECTOR	0/	ADDRESS		
N	10V 15 1965 R. D. B. E. Farber	MA	GIRUMAN	SCHUNE	3512 FREd.		

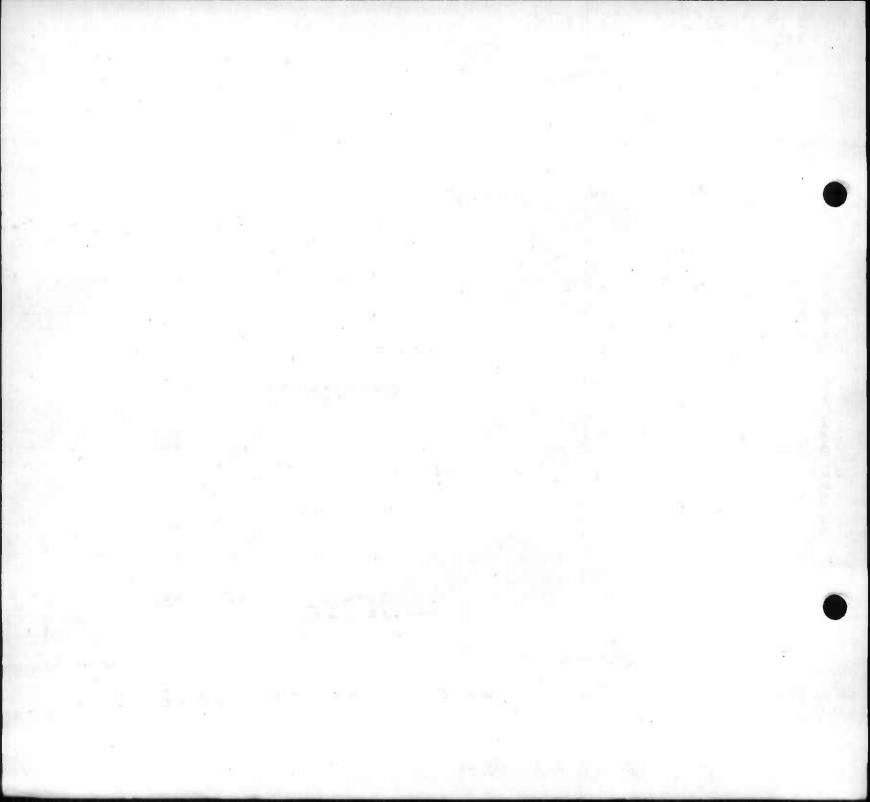


Fig. 5.27 June 1 y . T

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPARTMENT	,	
	TH NO. E. CASE NO.	11590	CERTIFICA	TE OF DEATH	Registered Na.	65 11590
1. N	IAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	GC:
	VIRGIN	IA PRICE			v. 65	8 - A.M.
3.	PLACE OF DEATH IN BAL	IIMOKE, MARTLAND		A. STATE 8. COUN	e deceosed lived. If it TY	stitution; residence before admission)
	FULL NAME OF (If no	t in hospital or institu	tion, give street	1	STECHNOLL,	The second of the second
	NETROIFIC	ATE A	MENDED	Salisbury		RURAL ond give township)
311	Hannasta	Hospital	1/6/66		urol, give location	
10	amoorea					
5. 5	SEX 6. RACE	7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	F W	he	ver monuel	7-4.98	67	
	A, USUAL OCCUPATION (Give during most of working life, a		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	mentally retire	lul		hd.		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE	
	Isaac	Prece		Jullie Hox	eter	
15. (Ye	Wes Deceased Ever in U. s,no of unknown) (If yes, giv	S. Armed Forces? e wor or dates of serv	SECURITY NO.	17. INFORMANT	, , , , ,	ADDRESS SALISSY
	NO -		NONE	MRS. HWNI	9 DELLE	LNSLEY MARLAN
	18.332 X		CAUSE	OF DEATH		ONSET AND DEATH
		TO DEATH	0	1+ m,000 6	Ereheal A	20 hrs
	(This does not mean II heart failure, asthenia, e			celusion		
	injury or complication w		edse,	Celusion		
	ANTECEDE	NT CAUSES	DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	DISEASES OR CONDI					
	UNDERLYING CONDITI		the (C)	tay marura ardes a m d adram m 2 adram m 2 adram m 2 2 2 0 adr2m m 2 m adr277 adr 2 2 2 m an	ada a 0 0 0 0 0 a a aca aca 0 0 0 0 awaada 0 7770 64	
_		1	ASSITES	, Hepatome	BALLY	
I S	OTHER SIGNIFICANT CO	NOT RELATED TO			, ,	
ICATI	19A. DATE OF OPERATION	198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
CERTIFIC	0	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
2	21A. ACCIDENT WAS UN OR CONTRIBUTING	IDERLYING T	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, o	in or obout 21C, WHERE DID	(If in Soltimor	e City, give exact location)
N S	DEATH (notify medical ex		etc.)			
MEDI	21D. TIME (Month)	Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
1	(APPROX)		While At Work Not Whi			
	22. I certify that (I) (t	nis hospital) attend	led the deceased from	3 hour1	9 65 to	11 hour. 1965.
	that (I) (we) lost saw	the deceased olive	on 11 hose	19 <u>6</u> <u>5</u> ond the	ot in (my) (our) opi	nian deoth occurred an the date
	and haur and from the	causes stated abo	ve. (1) (We) (did) (did nat)	view the bady after death.		
	23A. SIGNATURE		<u> </u>		e. «	23 B. DATE SIGNED
	Ruhand	P. horga	end M.D. Att		Stoff Phy s.	11 hov. 65
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	3	
L	Richard	P. NORGA		University	Hospital	
24/	REMOVAL (Specify)	48. DATE 2	C. NAME of CEMETERY OF CR	EMATORY / 24D. LC	CATION (C	ity, lown, or county) (Stote)
1	DURIAL.	1/13/1965	HLLEN CE	EMERERY 1	YLLEN.	MAKYLAND
25/	NOV 15 "1965"	ALD AZENA	TOLOGUE MAN	25C. FUNERAL DIRECTOR	. 1/2-	SAZISBURY,
VS	150-REV. 1/1/65		The same of	10114	N. MONE	MARYLAND

letter from hospital. 1/6/65 cpbowens

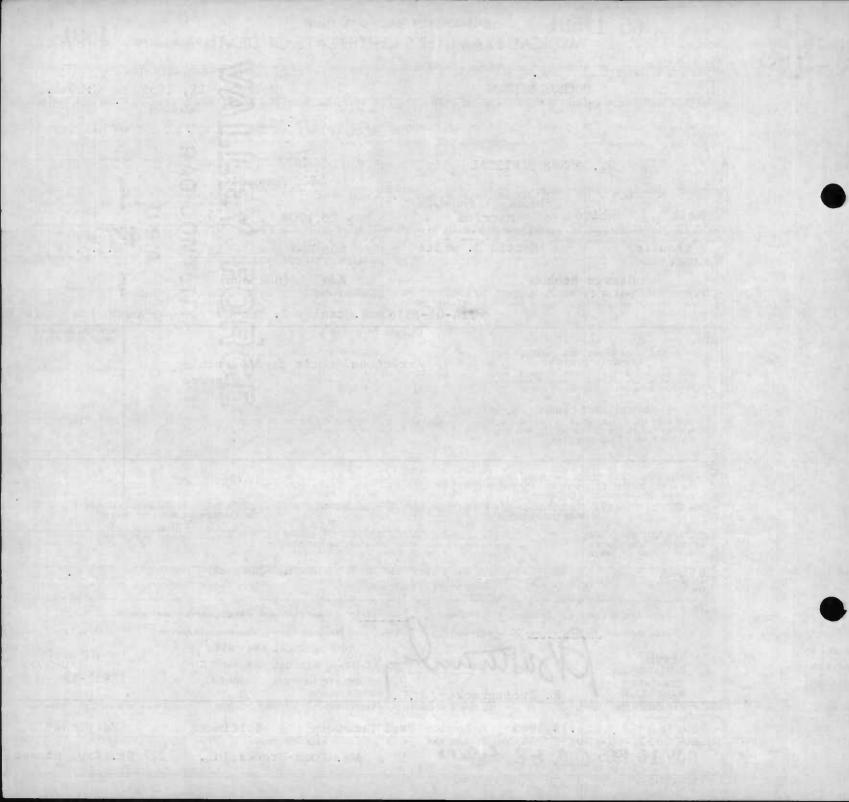
VS V54-REV-1/1/65

65 11591

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MED	ICAL LA	MAMINER 3 C	EKTIFICATE	OI DEATH Nogis	
M.E. CASE NO.						
1. NAME OF D	ECEASED	A.		2. D	ATE AND HOUR PRONOUN	
	GEORG	E BENBOW			November 11,	1965 2:10 A. M.
3. PLACE IN BA	LTIMORE, MARYLAND, V		JNCED DEAD	A. STATE Mary1	and B. co	estitution: residence befare odmission)
HOSPITAL OR	ADDRESS OR LOC	ATION)	THOM, OIVE STREET			ite RURAL and give township)
10	ST. AGNE	S HOSPIT	'AL	D. STREET ADDRESS		
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	s If Under 1 Yr, If Under 24 Hrs.
Male	White	Mar	DIVORCED(specify)	May 28,190		Months, Doys, Hours, Min.
	CUPATION (Give kind of wo of working life, even if retired) LET		J. White	England	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDE	N NAME	
	George Benh	woo		Ada	(unknown)	
	SED EVER IN U.S. ARME		16. SOCIAL	17. INFORMANT		ADDRESS
No No	vn) (If yes, give wor ar dot	es at service)	214-01-8516	Mrs.Stanley	G. Benbow 4	446 Annapolis Rd (2
1B. 4	7.71.		CAUS	E OF DEATH	and the same	INTERVAL BETWEEN
DISE	ASE OR CONDITION D	IDECTIV				ONSET AND DEATH
Disc	LEADING TO DEAT	4	Arte	riosclerotic	cardiovascular	
(This daes	s not mean the made o	f dying, e.g.,	DUE TO		disease	
injury as c	camplication which coused	death.)			disease	
	ANTECENDENT CALL	rc				
DISEASE	ANTECENDENT CAUS S OR CONDITIONS, IF		(B)	***************************************	***************************************	
RISE TO T	THE ABOVE CAUSE (A) S	TATING THE	DOE 10			
	ING CONDITION LAST.		(C)			
<u> </u>	li li					
OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTI	NG			
TO THE	DEATH BUT NOT RE	LATED TO T				THE RESERVE OF THE PERSON NAMED IN
<u> </u>	OR CONDITION CAUSIN		WHICH OPERATION	20A AUTOPSY2 (Yes	or No) 208, IF YES, WERE	FINDINGS CONSIDERED
. 0	WAS PE	REORMED		Yes	IN CERTIFYING CA	USES OF DEATH?
UNDERLYING CA	AUSE OE DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, factory, street,	office bldg., INJURY OC	E DID (If in Boltimore City, CUR?	give exact location)
Z 21D TIME	(Month) (Doy) (Yes	or) (Hour) 2	TE. INJURY OCCURRED	21 F. HOW D	ND INJURY OCCUR?	
OF INJURY		\	WHILE AT NOT	WHILE		
22.		m. \	VORK L AT	VORK		
	ertify that I held an	Inquiry 🗌	Inspection A	ond tho	t on this bosis, death in	my opinion
l ce	ulted from: Notural co	uses X	ccident Suici	de Homicide	Undetermined mon	ner -
		- 0	7		AL EXAMINER	
	121			CITET MEDIC	AL LAAMINER	
ACTU	AL AL	suite	mule	ASSISTANT MEDIC	AL EXAMINER X	DATE SIGNED
ACTU. SIGNA EXAM	AL TURE	Sulu Breite	necker M.D.	ASSISTANT MEDIC		DATE SIGNED
ACTU, SIGNA EXAM NAME	AL TURE INER'S (Type) REMATION, 236 DATE		mecker, M.D.	ASSOCIATE MEDIC	CAL EXAMINER .	
ACTUA SIGNA EXAMI NAME 23A, BURIAL CE REMOVAL (Spec	AL TURE INER'S (Type) REMATION, 238. DATE	23	C. NAME OF CEMETERY	ASSOCIATE MEDIC	23D. LOCATION (Ci	11-11-65 ty, town, or county) (Stote)
ACTUA SIGNA EXAM NAME 23A. BURIAL CR REMOVAL (Spec BURIAL	AL TURE INER'S (Type) REMATION, 23B, DATE	, 1965		ASSOCIATE MEDIC	23D. LOCATION (C) Baltimore	11-11-65

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BIRTH NO.	MEDI	CAL EXAMINER'S	CERTIFICA	TE OF DEATH Regi	stered No
M.E. CASE NO.					
T. NAME OF DEC				2. DATE AND HOUR PRONOUT	NCED DEAD
	BUDDY		LOUDY		1/12/65 8:00 p.m.
		HERE PRONOUNCED DEAD	I.A. STATE	ryland	nstitution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	L OR INSTITUTION, GIVE STREET TION)		WN (II outside corporate limits, v	7-17
1				RESS (If rurol, give location)	ACIC
Ci	ty Hospitals			Parkwood Ave.	2/122
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRT		rs If Under 1 Yr, If Under 24 Hrs.
male	white	WIDOWED, DIVORCED (specify)	2/12/	1913 lost birthdoy	Months Doys Hours Min.
	UPATION (Give kind of work working life, even if refired)	TOR KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT CQUNTRY?
MACH		RAILROAD	10	1/ N-	11,5,19
13. FATHER'S NAM		1170 =	14. MOTHER'S M	AIDEN NAME	7, 27 - 4
-16	(111)	LAUDY	ma a	THE SAL	11 =
15. WAS DECEASE	D EVER IN U.S. ARMED	FORCES? 18. SOCIAL	17. INFORMANT	RTHA SCA	ADDRESS
(Yes, no or unknown	(If yes, give wor or date	s of service) SECURITY NO.		,	ADDES IN A Y
755	WWH	701-03-79	19 NELLI	E.J. LOUDY	BBOVE
18. 4 7	21.	CAL	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIE	PECTI Y			ONSET AND DEATH
	LEADING TO DEATH	Art.e	rioscleroti	c cardiovascular	disease
(This does heart loilure, injury or co	not meon the mode of , asthenio, etc. It meons mplication which caused a				
	OR CONDITIONS, IF A	(B)	***********		
RISE TO TH	E ABOVE CAUSE (A) ST				
	NG CONDITION LAST.	(6)			
Ó		10/	***************************************		
O THE	II NIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO THE			
C 19A, DATE OF	R CONDITION CAUSING	DITION FOR WHICH OPERATION	20A AUTOBEV	2 /V NI-VIOD IE VEE WEBE	EINDINGS CONSIDERED
S TALL OF	WAS PERF		20A. A010731	? (Yes or No) 20B, IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
7	L CAUSE WAS	los Blace Of Hilliam	yes	yes	
O UNDERLYING	OR CONTRIB-	home, form, foctory, stree	.g., in or obout 21C. V	WHERE DID (II in Boltimore City, OCCUR?	, give exoct locotion)
21D TIME OF INJURY	(Month) (Doy) (Yeor			OW DID INJURY OCCUR?	
(APPROX.)		m. WHILE AT NO	OT WHILE T		
22.	tify that I held an Ir	nquiry Inspection	Autopsy X an	d that on this bosis, death i	n my opinion
resul	ted from: Notural cou	ses Accident Sui	cide Homici	ide Undetermined mo	nner
		11	CHIEF M	EDICAL EXAMINER	
ACTUA		10 5000		EDICAL EXAMINER	DATE SIGNED
SIGNAT	Metalet. 11	Spitz M.D.	10 00		11/13/65
EXAMIN NAME (VER'S	7	ASSOCIATE M	MEDICAL EXAMINER	1 1 1 1 1 1 1 1
23A, BURIAL CRE	MATION, 23B. DATE	23C. NAME of CEMETER	RY or CREMATORY	23D. LOCATION (C	City, town, or county) (Stote)
REMOVAL (Specif	11/11/	65 NEMMIL	RIDGE	10-21-11	neel
DUKIA	BY HEALTH DEPT.			NOKSET	ADDRESS
ZAA. DATE REC'D		24B. NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
NOV 15	1965 Robert	E tarbuma	ulali	& Bento Reac	ely, Kerlalf na
VS 151-REV. 1/1/			770200		111111111111111111111111111111111111111

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VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT Registered No.5.5 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 11/10/65 3:05 MAHONEY, Lillian 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE CITY HOSPITALS BALTIMORE 4940 EASTERN AVENUE D. STREET ADDRESS (If rurol, give location) 1134 DRUID HILL AVENUE BALTIMORE, MARYLAND 21224 MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX Hours WIDOWED, DIVORCED (specify) Female Negro July II, I896 Widow IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND Domestic 13. FATHER'S NAME Private Homes 14. MOTHER'S MAIDEN NAME John Stewart Mary Elizabeth 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL SECURITY NO. RECORDS: BCH, 4940 Eastern Avenue Baltimore, Maryland 21224 I8 8259 No INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Probable Carcinoma of the 3-6 months LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO Stomach heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Right pleural effusion TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. YES 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CYLLES OF DEATH? 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED none 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ON 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, Trope fice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) Ü DEATH (notify medical examiner) MEDIC (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 10-29-65 11-10-65 22. I certify that (1) (this haspital) attended the deceased from 10-29-05 that (1) (we) last saw the deceased alive an 11-10-65 at 3:05 AM and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. 17) (We) 1440 (did nat) view the bady after death. 23A. SIGNATU 23B. DATE SIGNED 11-10-65 StoffXX Attending M.D. Med. Phys. Director ___ NAME (Type) Baltimore City Hospital Johnson 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) II/I5/65 Auburn Balto. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS W. T. Chatman, Ir. 1701 McCulloh St.

THE RESERVE OF THE PROPERTY OF

65 11594 Registered No. BIRTH NO. CERTIFICATE OF DEATH Deceased Such death M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 00 hospital death. of 3. PLACE OF DEATH IN 4. USUAL RESIDENCE (Where ance B. COUNTY A. STATE (2) FULL NAME OF HOSPITAL OR INSTITUTION cause (If not in hospital or institution, give street oddress or location) limits, write RURAL and give township) bulside city canse; attend 0 0 .⊑ prior contributing D. STREET give location Undetermined made regular . MARRIED, NEVER MARRIED 9. AGE (In years deceased WIDOWED, DIVORCED (specify lost birthdoy kind of work 10B. KIND OF BUSINESS OR INDUSTRY on if retired) 10A, USUAL OCCUPATION or foreign country disposition death done during most of working life, even if retired) Carpenter (Ret. MOS 14 MOTHER'S MAIDEN NAME the 13. FATHER'S NAME 4 assistant death LO kind; 15. Was Deceased Ever S. Armed Forces yes, give war or dotes of service) or final (Yes, no or unknown) (If SECURITY NO. attendance 216-12-5025 II 1943-1946 W. W. any CAUSE OF DEATH pronounced or his DISEASE OF CONDITION DIRECTLY embalmed o LEADING TO DEATH racture (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, examiner regular aminer. injury or camplication which caused death.) ANTECEDENT CAUSES % ho DISEASES OR CONDITIONS, if ony, giving 0 rise to the obove couse (A) stating the physician remains UNDERLYING CONDITION Iosi. the chief medical MOS medica CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the Body 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 9A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) the 0 before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 where 21B. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, larm, factory, street, office bldg., INJURY OCCUR? to the hospital ŝ MEDICAL DEATH (notify medical examiner) etc.) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While approved (except While At (APPROX.) Work Al Work and any 22. I certify that (#)(this hospital) attended the deceased from 19 65 pe that (we) lost sow the deceased alive on. of death) hospital must and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. accident 23A. SIGNATURE unaul M.D. Attending Med. Stoff 2 Phys. Director approval Phys. 0 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior MOS to H. J. HARGRAVE. M.D. South Balto. Gen. Hosp. 24A. BURIAL CREMATION, deceased 24C. NAME of CEMETERY OF CREMATORY the body o REMOVAL (Specify) shows: Glen Haven Memorial Park Nov.15/65 MOS 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR R.V. Singleton VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

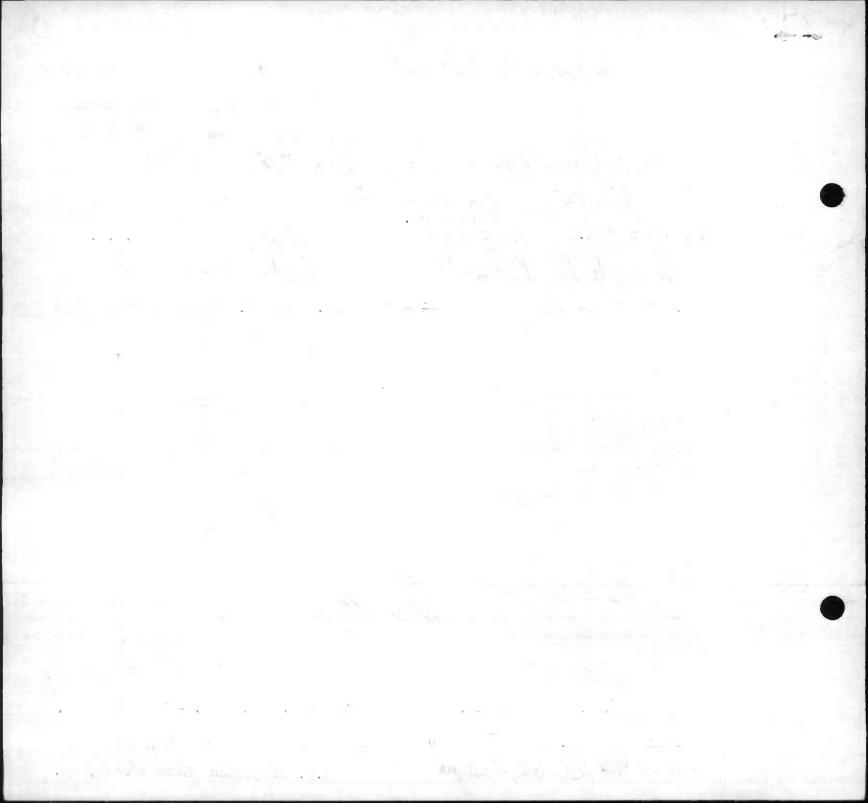
12. CITIZEN OF WHAT COUNTRY? U.S.A Mrs. Leona K. Kidwell (wife) Same as#4 INTERVAL BETWEEN ONSET AND DEATH Myocardial Interchi 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (cour) opinion death accurred on the date 23B. DATE SIGNED Glen Burnie, Marvland Glen Burnie, Md.

Anne Arundel

Months Doys

If Under 24 Hrs.

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(4) Undetermined cause; (5) Deceased

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) AMAN AL RE death. 3. PLACE OF DEATH IN BALTIMORE RESIDENCE (Whose de leased lived. If institution; residence BALTO (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C CITY OF TOWN (If outside city limits, write RURAL and give township) INSTITUTION IN THE PINES prior (If rurel, give (ocotion) BELAIR TADSCO 5. SEX 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. eceased ma Hours WIDOWED, DIVORCED (specify) lost birthdoy MALE CAUCAGAN MARRIED

102. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY MARRIED WPLACE (State or foreign country 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? ŏ TOREMAN 13. FATHERS NAME MARYLAND

14. MOTHER'S MAIDEN NAME the Emil 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no prunknown) (If yes, give war or dates of service) 6. SOCIAL final SECURITY NO. attendance 0 3 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, ar injury ar complication which caused death.) regul ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the remains UNDERLYING CONDITION last. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE an DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED 20A. AUTOPSY? (Yes or No) WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) °Z DEATH (notify medical examiner) etc.) MEDI obtained 21D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) Work At Work and 22. I certify that (I) (this hospital) attended the deceased from NOV. 5 1965 that (1) (we) lost sow the deceased alive on_ ... and that In(my) (our) opinion death occurred on the date eath) ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGN ATURE 23B, DATE SIGNED ō Attending Phys. M.D. Med. 0 Director pproval 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) 24A. BURIAL CREMATION, 24B. deceased REMOVAL (Specify) written ADDRESS VS 150-REV. 1/1/65

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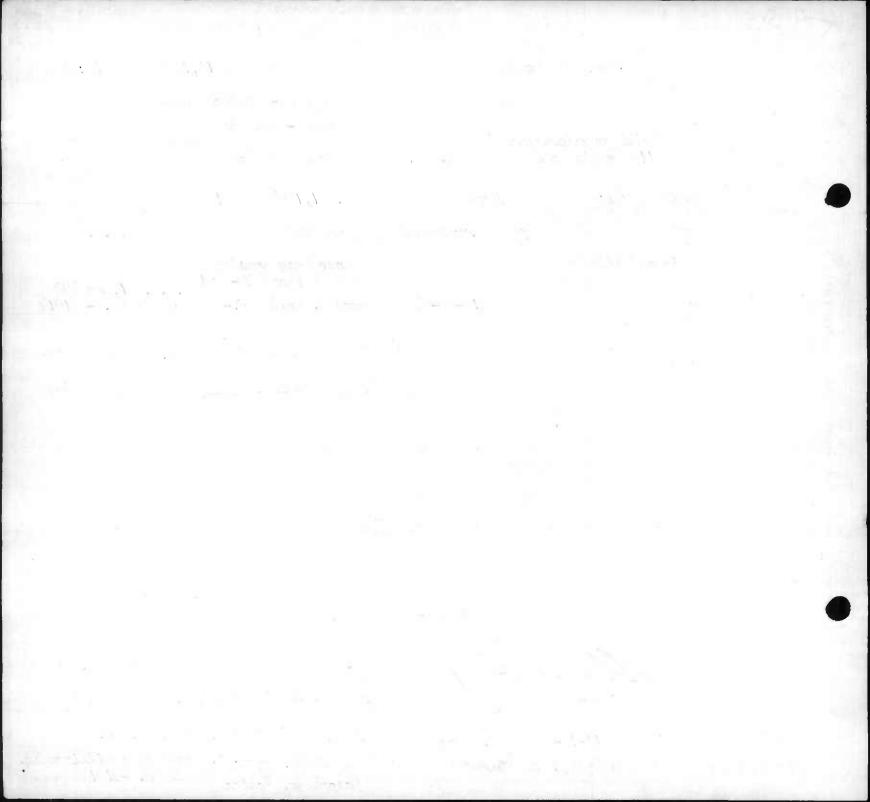
VS 150-REV. 1/1/65

a hospital and

	BALTIMORE CIT	Y HEALTH DEPARTMENT	55 11596
M.E. CASE NO. 65 11596	CERTIFICA	ATE OF DEATH Registe	ered Na.
1. NAME OF DECEASED		2. DATE AND HOUR O	F DEATH
(Type or Print) Rose Mary Kelly		November 14. USUAL RESIDENCE (Where deceased	10.1965 10:55 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased	lived. If institution; residence before admission)
FULL NAME OF (If not in hospital or instilution	n nue skaal	Maryland-Harford	d County
HOSPITAL OR oddress or location)	n, give since	C. CITY OR TOWN (If outside city lim	nits, write RURAL and give township)
		Rural - Bel Air	6223
Gould Convalesarium 6116 Belair Road	0 1, M1	D. STREET ADDRESS (If rurol, give lo	ocotion)
0110 Belair Road	Balto. Ml.	Thomas Run Road	
6. SEX 6. RACE 7. MARRIE WIDOW	ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In lost birthdoy	years If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours: Min.
Female White W	idowed	Jan. 31.1904 61 11. GIRTHPLACE (State or foreign country)	
OA, USUAL OCCUPATION (Give kind of work 10 B. KIND lone during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11. GIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ty Government	Manuland	U.S.A.
3. FATHER'S NAME	a J	Maryland 14. MOTHER'S MAIDEN NAME	0.00,110
Michael Silk		Rose Mary Armstro	no.
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT (Son) 838-28	5/ O F O //ADDRESS / ac
Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.		N. F. D. TH. DOX TUZ
No	213-38-7456	James R. Kelly Jr	Bel Air Md 21014
18.350XI	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	D	. 0.	10000
(This does not mean the mode of dying, e.	g. DUE TO	Memors as	Company and
heart failure, asthenia, etc. It means the diseas	se,	tenson des	
injury or complication which caused death.) ANTECEDENT CAUSES	(B) as	leno selevos	- years
	DUE TO		
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating to			
UNDERLYING CONDITION Iasi.			
- 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING THE		
DISEASE OR CONDITION CAUSING IT.	R WHICH OPERATION	20A. ALITOPSY? (Yes or Noll 20B IF Y	ES WEDE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO	K WHICH OFERATION	20A. AUTOPSY? (Yes or No) 20B. IF YIN CERTI	FYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (III	in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF	nome, form, foctory, street,	office bldg., INJURY OCCUR?	
O	TE INJURY OCCURRED	21 F. HOW DID INJURY OCCU	B2
S OF INJURY	While At Not Wh		K:
	Work At Work		
22. I certify that (I) (this hospital) attended	the deceased fram	7/8/63 19 10	d1-10-65 19
that (I) (we) last sow the deceased alive a	11-9	19 6 5 and that In(my)	(aur) apinion death accurred an the date
and have and from the causes stated above.		view the body after death.	
23A. SIGNATURE	1		23B. DATE SIGNED
11/1/2/1/18	M.D. A	tending Med. Stoff Phys.	11-11-65
23C. PHYSICIAN'S	any "	23D. ADDRESS	
NAME (Type) Wyman K. WON	a / M.D	6801 Bel Air Rd., Bo	Healing Manland
3	NAME OF CEMETERY OF C		(City, town, or county) (Stote)
REMOVAL (Specify)		11: - h	Harf. Co. Md.
	St. Igantius (
NOV 15 1965 (7.0. 17 258 NAME)	1. Charles	25C. PUNERAL DIRECTOR	Broadway & williams St.
HOV I O 1000 ULDERUU C, A		0 1 11 5	Air Md21014

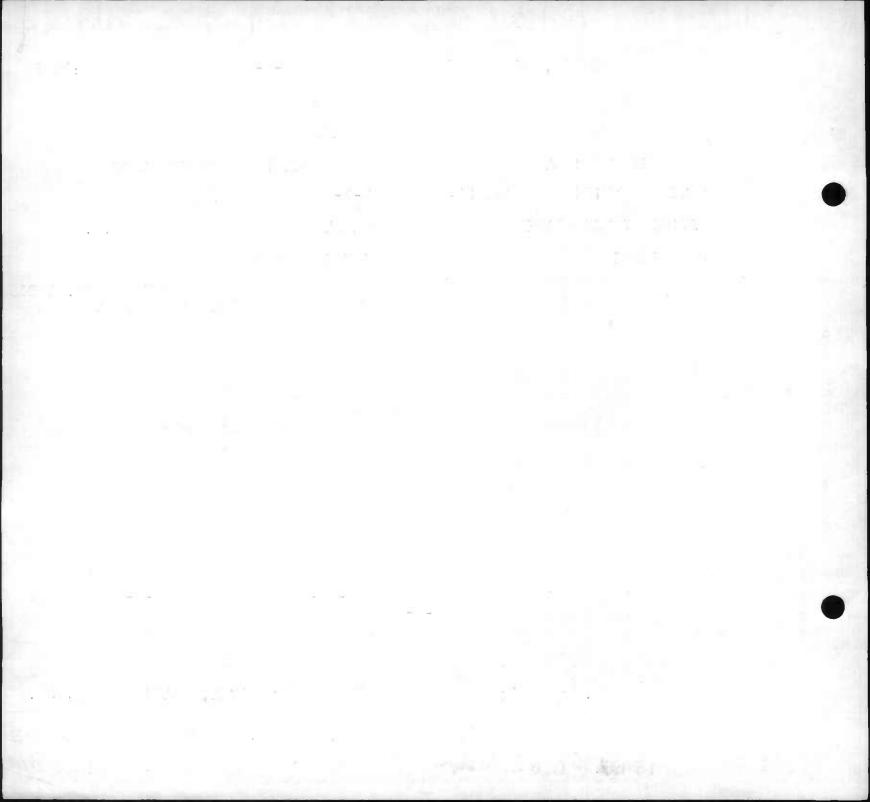
Joseph Um.

Foster

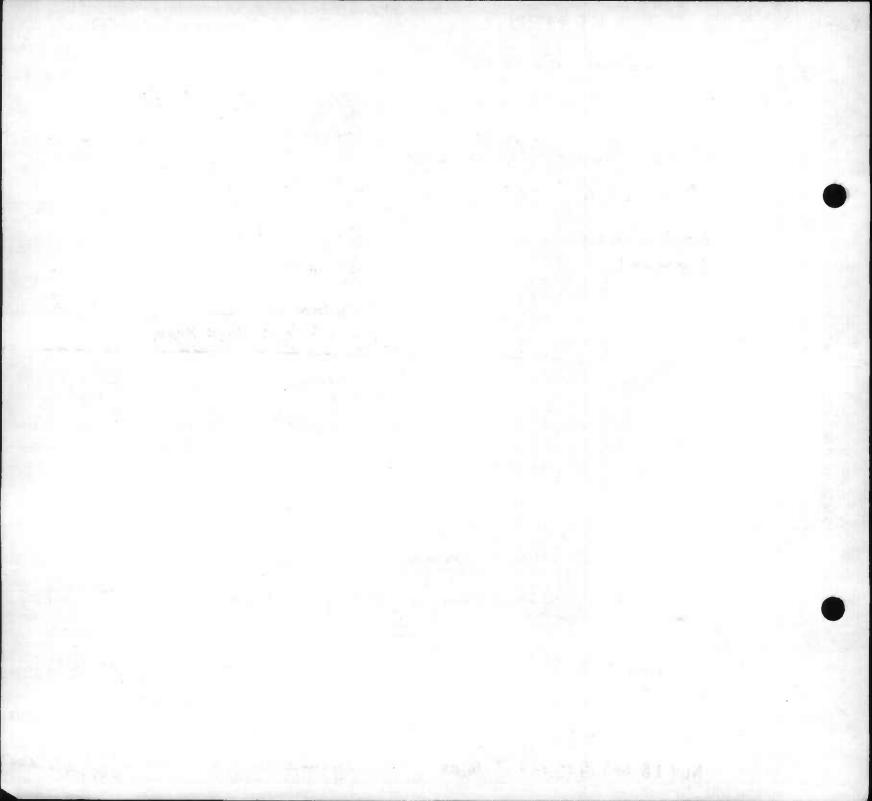


-	5	6	1
IMPORTANT	Also, if the direct or contributing cause of death	ire of any kind; (4) Undetermined cause; (5) Deceased mounted death was in regular attendance on the	attendance on the deceased prior to death. Such
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

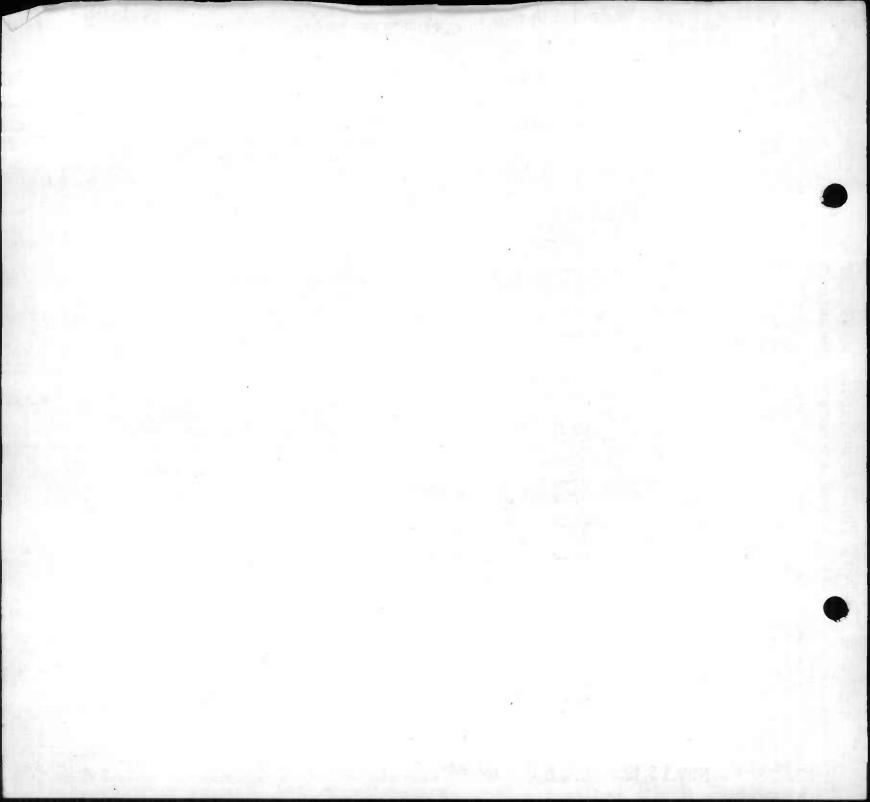
BIRTH NO		11597		TE OF DEATH	Registered Na.	65 11597
1. NAME (Type or	OF DECEASED			2. DATE AND	HOUR OF DEATH	
	HUGHES,		E HENRY	11-9-		12:40 PM
FULL	NAME OF (If not in hospital	ar institution,	give street	A. STATE B. COUNT	deceased lived. If in	stitution; residence before admission)
INSTIT	TAL OR oddress or locotic UTION	on)		BALTIMORE	ide city limits, write I	RURAL and give township)
ST	AGNES HOSPITAL			5918 BALTIM	ORE STREET	T 21207
5. SEX MAL	6. RACE WHITE	WIDOWE	NEVER MARRIED D, DIVORCED (specify) RIED	B. DATE OF BIRTH 9	AGE (In years ost birthday)	fl Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.
don RET	AL OCCUPATION (Give kind of work it relieved)	VER	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign MARYLAND	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHI	GEORGE	1		14. MOTHER'S MAIDEN NAMESTHER HUGHES	_	
(Yes, no or	Deceased Ever in U. S. Armed For unknown) (If yes, give wor ar date	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ATON AVES. 21229
18.	10		216102738		TIAL RECO	ORDS, WILKINS AND
DISE rise UND	s does not mean the made of the follure, asthemia, etc. It means by or complication which caused ANTECEDENT CAUSES (ASES OR CONDITIONS, if the abave cause (A) DERLYING CONDITION last. II LER SIGNIFICANT CONDITIONS (THE DEATH BUT NOT REL.)	s the disease, dideath.) any, giving staling the	(B) DUE 10 (C)	Affe to be	2/= Allefs	A
	DATE OF OPERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
U 21 A.	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21 B. hom etc.	ne, form, loctory, street, of	n or about 21C. WHERE DID	(If in Baltimare	City, give exact location)
□ 21 D.	NJURY		INJURY OCCURRED ile At Not While At Work	21F. HOW DID INJU	RY OCCUR?	
that	certify that (1) (this haspita (1) (we) last saw the decease haur and fram the causes sta	ed alive an	11-9-			1=9= 19 65 ,
	SIGNATURE //	111	, , , , , , , , , , , , , , , , , , , ,			23B. DATE SIGNED
C	Ill fancied Jo	voling	Phy		toff hys. 🗡	11-9-65
23 C. P	PHYSICIAN'S NAME (Type) MANUEL	RODRIG	– –	ST AGNES HOSE	ITAL, BAL	TIMORE 29, MD.
24A. BUR REM 73,	ADVAL (Specify)		AME of CEMETERY OF CRE		CATION (CI	BALTO Co. MT
25A. DAT	OV 1.5 1965 P.	25B. NAME		25C. FUNERAL DIRECTOR	124	BALTO CO. M.D. ADDRESS 6411 Windon Will Rd.
VS 150-RE	EV. 1/1/65	~		I landing fu	neral / The	orn ormoun old Kd.



ARE CASE NO. NAME OF DECEASED POLICY AND BERLY PACE OF DEATH IN TAINKOSE, MARTIAND FULL NAME OF (II) not in hospital or institution, give sheet editions or usefulned. Institutions FULL NAME OF (II) not in hospital or institution, give sheet editions or usefulned. Institutions FULL NAME OF (III) not in hospital or institution, give sheet editions or usefulned. Institutions FULL NAME OF (III) not in hospital or institution, give sheet editions or usefulned. Institutions FULL NAME OF (III) not in hospital or institution, give sheet editions or usefulned. Institutions FULL NAME OF (III) not in hospital or institution, give sheet editions. Institution of the property of the		TY HEALTH DEPARTMENT	
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See the second from in U. S. Armad Forces? 16. SOCIAL SECURITY No. 17. INFORMANT 18.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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thotal (we) last sow the deceosed clive on	22. I certify that the (this hospital) attended the deceased from	11/9/1 1965 to	11/12 196
23A. SIGNATURE 23A. SIGNATURE Attending Mod. Director Phys. 23B. DATE SIGNED 23C PHYSICIAM'S NAME (Type) 23D. ADDRESS M.D. Small Hospital Cremation, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Phys. 24C. NAME of CEMETERY of CREMATORY 24D. DOCATION (City, town, or county) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR! 25C. FUNERAL DIRECTOR ADDRESS	thotal (we) last sow the deceosed olive on 1/1/12		nian deoth occurred on the
23C PHYSICIAM'S NAME (Type) 23D. ADDRESS M.D. State House		view the bady offer deoffi.	23B DATE SIGNED /
NAME (Type) M.D. Smar Hosp, of Belto, Inc. AA. BURIAL CREMATION, 24B. DATE PREMOVAL (Specify) Habseur Frencher Sold By HEALTH DEPT. 25B. NAME OF REGISTRAR! 25C, FUNERAL DIRECTOR 25C, FUNE			11/17/15
REMOVAL (Specify) Habseur Franklip Butto ADDRESS ADDRESS	NAME (Type)	0 . 11 110	Sto. Ina
	PEAAO VAL (Specify)		ty, town, or county) (Stot
		Sylvan S Levis + Son / 1	

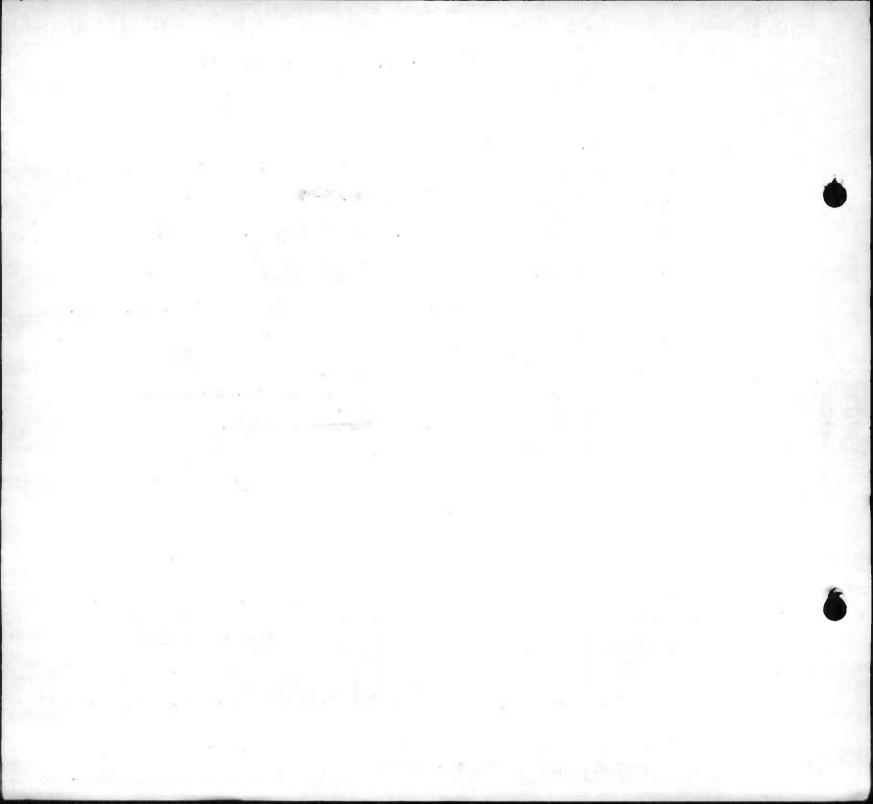


	1 - 1000E 05	- AATOM	BALTIMORE CITY	HEALTH DEPARTMENT		65 11599	V
	TH NO.65-19095 65 E CASE NO.	11335	CERTIFICA	TE OF DEATH	Registered No.	65 11599	
1.1	IAME OF DECEASED		4)	2. DATE AND	HOUR OF DEATH	1210	
	PLACE OF DEATH IN BALTIMORE	MURPH	4	4. USUAL RESIDENCE (Where	-11-65	atitution, residence before ad	A M.
3.	PLACE OF DEATH IN BALTIMORE,	MARILAND		A. STATE B. COUNT		stitution: residence before od	(/
	FULL NAME OF (If not in haspi HOSPITAL OR address or local	tal or institution, g	ive street	C. CITY OR TOWN (If outs)	(none))) 0	7_
	INSTITUTION	1)		Ballimore	ide city limits, write k	(URAL ond give township)	
18	University H	05 pilax		D. STREET ADDRESS (If ru	ral, give location)-		
	a wiselind	0		449 E. 23	rast (800	(312)	
5,	SEX 6. RACE		NEVER MARRIED , DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under Manths Days Hours	24 Hrs. Min.
	temale Negro	neve	or mounted	8-6-65.	Ó	3 5	
	LUSUAL OCCUPATION (Give kind of a during most of working fife, even if retire		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF	
	child			Marylan	d·	MSA	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM		0	
	tred When phi	/			idire Cul		
15. (Ye	s,no or unknown) (If yes, give wor or	forces? dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
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	Je. 0 7, 01		CAUSE O	FDEATH		ONSET AND DE	
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TIO	OTHER SIGNIFICANT CONDITIONS	ELATED TO THE	pleedin	gulcer due to	stevenol!	House 30	Lay
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ERTIF		PERFORMED		NO	IN CERTIFYING CAL	USES OF DEATH	
U	OR CONTRIBUTING CAUSE OF	G 21 B. ham	e, form, factory, street, af	fice bldg., INJURY OCCUR?	(If in Boltimare	City, give exact location)	
ICA	DEATH (notify medical examiner)	etc.)					
MED	OF INJURY		INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
-	(APPROX.)	Wor				1116	
	22. I certify that (I) this hasp	ital) attended th	ne deceased from	10-58-621		-[1-65 19	•
	that (I) (we) lost sow the dece		11-11-67		t in (my) (our) opin	nion deoth occurred on	the dote
	ond hour ond from the couses	stoted obave. (I	(did not) v	iew the body ofter death.		DATE CONTEN	
	23A. SIGNATURE	11011	(A.D. Atte	ending Med. 5	Stoff >	23B. DATE SIGNED	-
	23C. PHYSICIAN'S	le d'a	COCO By	s. Director F	Phys.	11-11-6	2
	NAME (Type)	nell C. So	ollod M.D.	Univertice	O. Rolly	2. Ald	
24	A. BURIAL CREMATION, 248. DATE		ME of CEMETERY OF CRE	MATORY 24D. LO	CATION (Ci	ty, Jown, or county)	(Stote)
	BEMOVAL (Specify)	,	A AUBUR		auto M	7	
25	A. DATE REC'D BY HEALTH DEPT.	25B. NAME C	_	125C. FUNERAL DIRECTOR		ADDRESS	
	NOV 15 1965 A 0	A E Fal	Dougha	marshar p	Hayes 630	FN GILMOR	54
1	INON TO 1300 Alexen	A C 1 100					



. NAA	ASE NO.	100	65 11						TE AND H	HOUR OF DEA
	or Print)			HALL,	JUSE	EPH T. J	r.	No	vembe	r 12,19
3. PLACE OF DEATH IN BALTIMORE, MARYLAND						A. STAT	E 8. C	(Where de	eceosed lived.	
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION					Ma	ryland				
						C. CITY OR TOWN (If outside city limits, write Baltimore 21				
// St.Joseph Hospital					ET ADDRESS	(If turo)	, give location)			
			50.0000	p.: 110	obroar			Elmont A		
. SEX		6. RACE			RIED, NEVER /			OF BIRTH	9. A	GE (In years
M	ale	Wh	nite		wed, divor farried	CED (specify)	Ang	-26 - I89		birthdoy)
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND				SS OR INDUST						
one during most of working life, even if retired) Gas & Electric Co.				Sv	kesville	. Md.				
3. FA	FATHER'S NAME					HER'S MAIDEN				
Т-	manal- (m 2/-	-177 0				44			
S. Wa	s Deceased	Ever in U.	shall S	ces?	1 6. SOC	IAL	17. INFO	RMANT	LLs	
Yes, no	or unkno wr	(If yes, gi	ve wor or dote	s of servi	ce) SECI	URITY NO.				
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4:15 stitution: residence before admission) give township) 06 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS t Ave. Balto. INTERVAL BETWEEN ONSET AND DEATH nary FINDINGS CONSIDERED USES OF DEATH? City, give exoct locotion) ember 65 nion death occurred an the date 238, DATE SIGNED November 12,1965 imore, Md. 21213 ty, town, or county) ADDRESS Lassahn Funeral Home 740T Belair Rd.



ype or Print)	ONEILL	, EMMA D.			EMBER 11,	
PLACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENCE (W	here decoosed lived_If	institution: residence before admi
FULL NAME OF HOSPITAL OR INSTITUTION	oddress or location		et	MARYLAND c. CITY OR TOWN (IF		o RURAL ond give township)
10	ST. AGNES	HUSPITAL			If rurol, give location)	CADTIL #00
SEX	6. RACE	7. MARRIED, NEVER	AAA BRIED	5523 SOUTH	9. AGE (In years	
FEMALE	WHITE	MARRIE E	(CED (specify)	6-22-11	54	If Under 1 Yr. If Under 24 Months Doys Hours N
	vorking life, even if retired)	108. KIND OF BUSINE	SS OR INDUSTRY	MARYLAND	oraign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAM	A E	J		14. MOTHER'S MAIDEN N	AME	0 0 0 0 1 1 0
EDGAR		(DEC D)		EMMA	(DEC	
	Ever in U. S. Armed Fore (If yes, give wer or dete		URITY NO.	ST. AGNES H	OSPITAL RE	ECORDS; #29
	E OR CONDITION DIR	RECTLY	CAUSE OF	DEATH LOUIS	Ved -	INTERVAL BETWEEN ONSET AND DEAT
DISEASES O	R CONDITIONS, if		DUE TO	Helal	ments.	
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ALIE TARRETTE

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BIRTH NO.	MEDI	CAL EXAMINER'S	CERTIFICATE C	OF DEATH Regist	ered Na
M.E. CASE NO.					
1. NAME OF DEC		* * * * * * * * * * * * * * * * * * *	2. DAT	E AND HOUR PRONOUN	CED DEAD
crype or rinte	CAROLYN	WRIGHT	Nov	ember 10, 1965	5 10:50 P
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in B. CO	stitution: residence before odmissio
FULL NAME OF	UE NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryla	na	BUELL
HOSPITAL OR	ADDRESS OR LOCA	TION)			ite RURAL and give township)
/			Baltim	ore	33-00
A	St. Agn	es Hospital	D. STREET ADDRESS (II	f iural, give location)	
		F -	6727 W	ilmot Drive	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
female	white	WIDOWED, DIVORCED(specify)	Feb. 6. 194	4 lost bighdoys	Months Doys Hours Min
		TOB. KIND OF BUSINESS OR INDUST			12. CITIZEN OF
done during most of v	working life, even if retired)	WONE	BALTIM	INDE	WHAT COUNTRY?
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0071	1 11977	CUT			-7,-5
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	of the ses, give wor or dote			1	ADDRESS
NO		NO	CARL L.	WRIGHT	SAME
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9	11				
O TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO THE	***************************************	***************************************	
		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	
126			yes		es
O UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg., INJURY OCCU	JR?	give exoct locotion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	WHILE AT NO	T WHILE WORK	NJURY OCCUR?	
22.	tify that I held an I		F=1	an this basis, deoth in	my opinion
	ted from: Natural car			Undetermined man	
ACTUA		L . A		L EXAMINER	DATE SIGNED
EXAMIN NAME (IER'S Pudigor	Breitenecker, M.D.	ACCOCIATE MEDICA		11-11-65
ZA. BURIAL CRE		23C. NAME OF CEMETER	or CREMATORY	23D. LOCATION (Ci	ty, town, or county) (Stote)

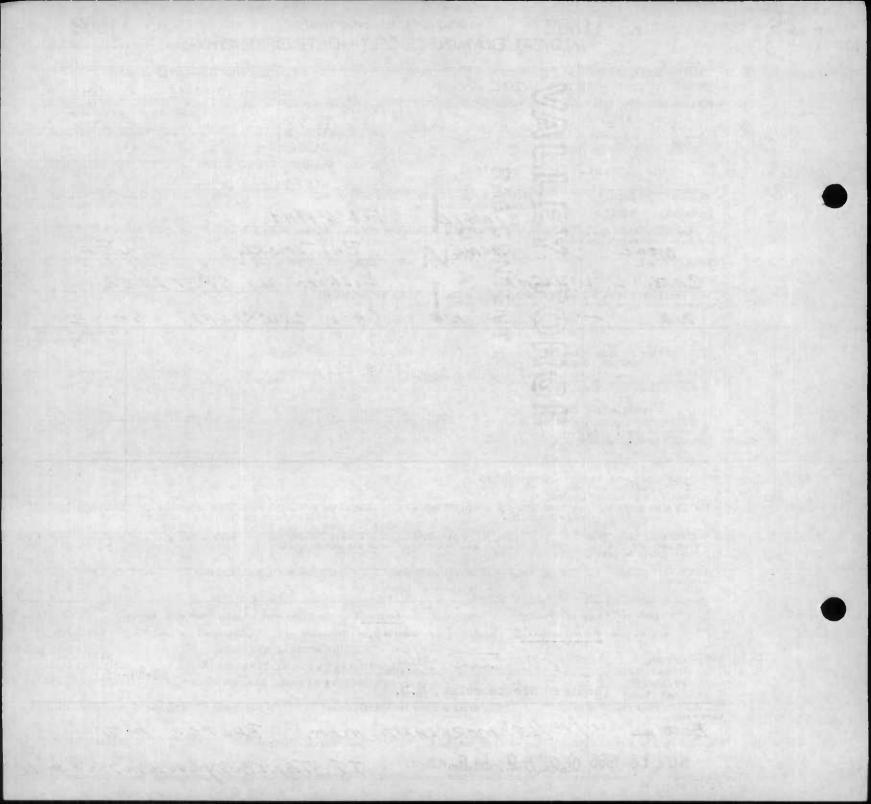
23A. BURIAL CREMATION, 23B. DATE

REMOVAL (Specify)

BURIAL CREMATION, 23B. DATE

24C. FUNERAL DIRECTOR

NOV 15 1965 Roberts E. Farley M. T.T. STANSBURY CHIIWINDSOR MILLY



	05 44000	BALTIMORE CITY	HEALTH DEPARTMENT	
	н но. 65 11603	CERTIFICA	TE OF DEATH	Registered Na. <u>65 11603</u>
M.E	AME OF DECEASED		2. DATE AND HO	OUR OF DEATH
	D: 4)	41		At 160 e
		the		coosed lived. If institution; residence before admis
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	ceosed lived. If institution; residence before admis
F	ULL NAME OF (If not in hospital or institut	ion mue street	Manglan	d, BOLTIMORE
F	OSPITAL OR oddress or location)	ion, give sheer		city limits, write RURAL and give township)
II	NSTITUTION	6-40	BACTIME,	
5	Church Home + lot	office		give location)
		V		A
_			510 DORSO	
5. S	ha 11/ WIDO	RIED, NEVER MARRIED DWED, DIVORCED specify)		GE (In years If Under 1 Yr, If Under 24 Months Doys Hours M
ιóλ.	USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (Stote or foreign co	ountry) 12. CITIZEN OF
	during most of working life, even if retired)			WHAT COUNTRY?
	FOREMAN		MANYLANG	4150.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	George C. Roti	he	MANGANOT	Shipley
F .	Was Deceased Ever in U. S. Armed Forces?		17 INFORMANT	Jair ced
Yes	(in o or unknown) (If yes, give war or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1103 Mace are,
			Inma tea	
	18. 332 XI	CAUSE	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	0	1 00 1	OKSEL AND DEATH
	LEADING TO DEATH	(A) (V	netral hads	mal - haneto -
	(This does not mean the mode of dying,			for the contract of the contra
	hearl lailure, osthenio, etc. It meons the disc injury or camplication which caused death.)	ease,	. 10	1. 6
		(B) (O)	Menuta	MICHANICA
	ANTECEDENT CAUSES	DUE TO		
	DISEASES OR CONDITIONS, if any, gi			storn a den i
	rise to the obove cause (A) stating UNDERLYING CONDITION lost.	The (C)	William Con	in all all all and
		·W	bonning &	anewyour
z	OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING A		0
5	TO THE DEATH BUT NOT RELATED TO	THE MANUELLA	in a	· loste- ul
Y	DISEASE OR CONDITION CAUSING IT.	y incur	1300 Maria Carlo	THE THE PROPERTY OF THE PROPER
TIFIC	19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 201	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
ERT				
Ü	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	n or obout 21 C. WHERE DID	(If in Boltimore City, give exact location)
AL	DEATH (notify medical examiner)	etc.)	mice ologe, my occor.	
20	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	235 11014 615 1111104	0.00000
LLLI	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY		21F. HOW DID INJURY	OCCUR?
\$	(APPROX.)	While At Work At Work		
	20 1 27 1 1 1 1 1 1 1 1 1		11-11-1 10	11-11- 106
	22. I certify that (I) (this hospital) attend	led the deceased fram	19	19 /
	that (I) (we) last saw the deceased alive	on 11-11-	19 and that In	n(my) (aur) apinian death accurred an the
	and have and from the causes stated above	(e. (I) (We) (did) (did not)	view the hady after death.	
	23A. SIGNATURE	1. (1) (Ine body affer dealing	23 B. DATE SIGNED
	0 0 0 1 10		ending AAed - tota	El II I
	Modeldo J. Marpan.	las M.D. All	ending Med. Stoff Phys	11-11- bx
	23C. PHYSICIAN'S		23D. ADDRESS	
	Plane (Type)	DANTAH MA	Phanel Han	a & Une lital
	VOUDOLO T. HILLE	MIN / MY MIL.	en anch your	E & 1703/11/1
24A	REMOVAL (Specify) 24B. DATE	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCAT	TION (City, town, or county) (Sto
/	2 1 0 11/15/15	Wab Ja	in Bri	oh (a min.
25A	urial "1"	Vuc. 1 as	un /lee	10,00,
200	DATE REC'D BY HEALTH DEPT TORR MA	ME OF REGISTRAD	25C FUNERAL DIRECTOR	ADDRESS
	*****	ME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
	NOV 15 1965 P. O. F. 2	ME OF REGISTRAR	25G FUNERAL DIRECTOR	Ino 300 Mace au

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GroRGE C. Rothe

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BALTIMETE (2)

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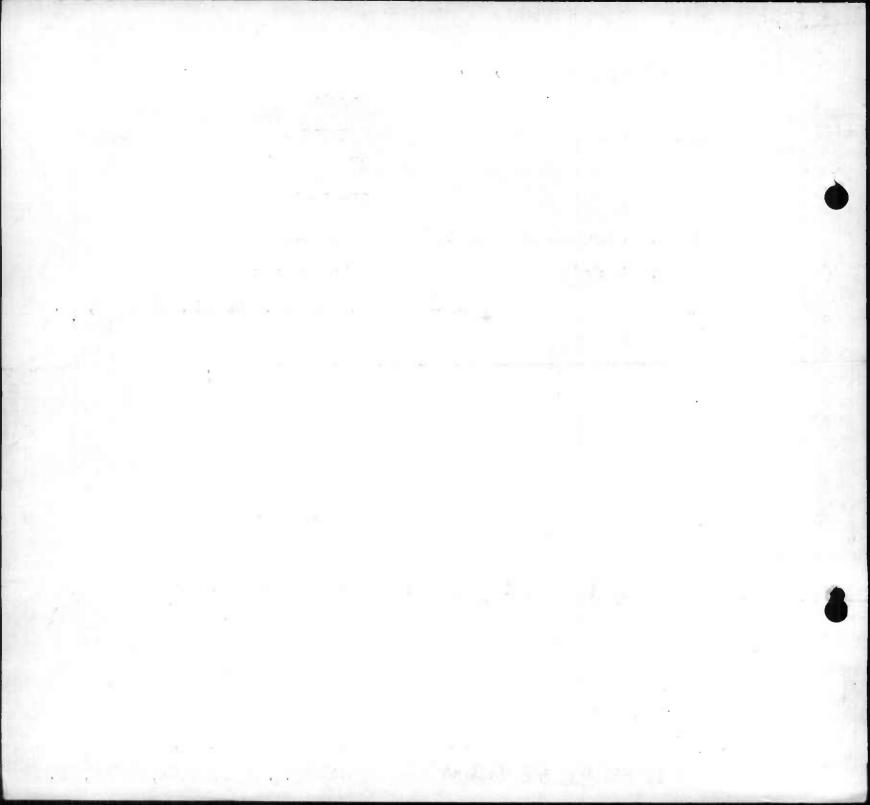
BRUNCH HOWIE & HESPITE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved miles he obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

			Y HEALTH DEPARTMENT	05 11001				
		H NO. 65 11604 CERTIFICA	TE OF DEATH Registered No.	65 11604				
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) M.R. ADRIANO CITRONI 2. DATE AND HOUR OF DEATH 11-10-65 2.15 D. M.							
	3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in: A. STATE B. COUNTY	stitutian: residence before odvission)				
	F	FULL NAME OF (If not in hospital ar institution, give street	ma Ballo					
		NSTITUTION	C. CITY OR TOWN (If autside city limits, write RURAL and give township)					
0	3	- Church Home + Hopetal	D. TREET ADDRESS (If rural, give lacation)					
			30 00					
	5. S	6. RACE AMERICA, NEVER MARRIED MIDOWED, DIVORCED (specify)	5-9-90 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.				
		USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during most of workings life, even if retired)	11. BIRTHPLACE (State or foreign county)	12. CITIZEN OF WHAT COUNTRY?				
2		Retired Out Company	Haly	U.SA.				
Spo	13. FATHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Maria MA							
3		Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT	ADDRESS				
		00/2 1088	#3 Chart					
		18.420,11 215-07e/688	F DEATH	INTERVAL BETWEEN ONSET AND DEATH				
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	loude Mineralial					
		(This does not meon the made of dying, e.g., DUE TO	, or a fugo action	days-				
		hearl failure, asthenio, etc. It means the disease, injury ar complication which coused deoth.)	unfaction.	auge				
0		ANTECEDENT CAUSES (B)	(1) the small					
5		DISEASES OR CONDITIONS, if any, giving tise to the obove cause (A) stoting the (C)	the first of					
SUI S		UNDERLYING CONDITION lost.						
гешан	ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
100	FICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE F	INDINGS CONSIDERED				
	ERTI							
Detore	_	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in part of the part o	ffice bldg. INJURY OCCUR?	City, give exact lacation)				
		21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?					
5	>	(APPROX.) While At Not White At Work						
000		22. I certify that (I) (this hospital) attended the deceased fram		11-10 1967				
90		4		nion death accurred an the date				
S		and haur and from the causes stated above. (!) (We) (did) (did nat)	view the body after death.	238. DATE SIGNED				
E		M.D. AH	lending Med. Staff	238. DATE SIGNED				
D >		23C. MYSICIANS. NAME (Type)	23D. ADDRESS	1.0				
approva		th. A.E. SUBONG, 10	e Church How	e & Anp				
3 191	1	REMOVAL (Specify) 11/15/65 24C. NAME of CEMETERY or CR	n e Dots	y, town, or county) (State)				
	25A	DATE REC'D. BY HEALTH DEPT. 1258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
1	112	NOV 15 1965 Robert E. Farberman	y, & Cornelly Son	2-300 Mace (21)				
	V 5	150-REV. 1/1/65						

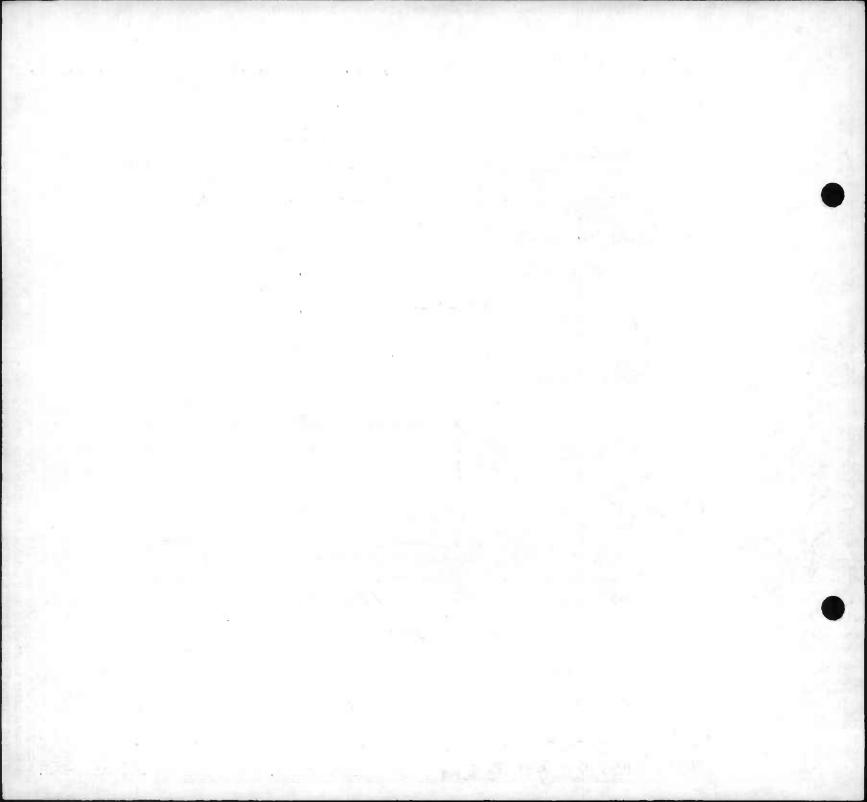
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	65	11605	BALTIMORE CIT			1	,							
CERTIFICATE OF DEATH Registered No. 65 11605														
I. NAME OF	DECEASED	1	COST		4	NO HOUR OF DEATH		810						
Type or Print WALTER T. SINCLAIR, SR.		M		nber 10, 19			1							
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME DF (If not in hospital or institution, give street oddress or location) The Johns Hopkins Hospital		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissing a state of the state of												
						RFD 4 Box 355								
						s. sex Male	LUID OUT DIVIDING TO COLOR COLOR		lost birthdoy) Mo			If Under Months	Doys Hours	der 24 Mi
							Caucasian		rried		-11-06	59	100000	
			OCCUPATION (Give kind of wor ost of working life, even if retired)	KIND O	F BUSINESS OR INDUSTR	T 11. BIRTHPLAC	E (State or fore	ergn country)	12. CITI	ZEN OF AT COUNTRY?				
Firem		State	Hospital	Mary	land		11	SA						
3. FATHERS	NAME		···	14. MOTHER'S	MAIDEN NA	ME								
Tohn	John B. Sinclair		Eula Je Mart											
5. Wos Deci	osed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMAN		L		ADDRESS						
Yes, no or unk	nown) (If yes, give wor or dot	es of service)	SECURITY NO.			C	c 1	, A1	,					
no			212-12-5/13		iter 1.	Sinclair,								
1B.	00111		CAUSE	OF DEATH				ONSET AND D						
D	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		, 1				1							
(This de	pes not mean the mode of		(A) L	Ymphoso	arcoma	ma qua aphipholograph ma marke alpha qua qua qua de dirella da maje dirella dirella dirella dirella dirella di		Tylar						
heart foilure, astheria, etc. It means the disease,		•				9								
injury or complication which coused death.)														
ANTECEDENT CAUSES (B) DUE TO														
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)														
rise la the obave couse (A) stoting the (C)					# T # # # # # T # T # # T T # # T T # T T # T T T T T T T T T T T T T T T T T T T T									
O DTHER	DELICALIZATION OF THE CONTRIBUTIONS													
DISEASI	DR CONDITION CAUSING	IT.		TAXA										
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOF	SY? (Yes or N	O) 20B. IF YES, WER	AUSES OF	CONSIDERED DEATH?							
E SI				YZ	<u>ئ</u>		011		,					
OR CON	D 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, loctory, street,			office bldg., INJU	WHERE DID RY OCCUR?	(If in Boltime	ore City, giv	e exact lacation	1)					
DEATH (notify medical examiner)														
Q 21 D. TIM		(Hour) 211	INJURY OCCURRED	21 F. F	OW DID IN.	JURY OCCUR?								
OF INJU			hite At Not Wt											
22 1	WORK AT WORK					10 65								
	Annual Property of													
,	that (M (we) lost sow the deceased alive on Nov 10 19 65 and that in (put) (our) opinion death occurred on the													
	and hour and fram the causes stated above. (If (We) (did) (did not) view the body after death.													
23A. SIG	NATURE	Un					1.4	E SIGNED	0					
Allel Salanger M.D. Atten			ttending	Med. Director	Stoff Phys.	No	U.10,19	465						
23C. PHY	23C. PHYSICIANS 23D. ADDRESS 11/3 Fort Poul Street													
NA	Alex Silverman M.D. Baltimore, Maryland 21224													
24A. BURIAL	CREMATION, 24B. DATE		AME of CEMETERY of C				City, town, o		(Sto					
REMO	/AL (Specify)						,,	. coomy	, 3101					
Burio			dlawn Memoris	al Park	8	aston, Md.								
25A. DATE		25B. NAME	OF REGISTRAR	25C. FUNE	RAL DIRECTO	R		ADDRESS						
NOV	15 1965 000	8 8 to	Like MA	MAUR	3.3)0	NEUWAM & S	QV. 81	ISTON. 1	\mathcal{D} .					
VS 150-REV.									-					



	TH NO. 65 11606 CERTIF	FICATE OF DEATH Registered No.	.65 11606			
1.1	E CASE NO. HAME OF DECEASED Edward	2. DATE AND HOUR OF DEAT	Н			
	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, H	10:15 P.			
	FULL NAME OF (If not in haspital ar institution, give street HOSPITAL OR address ar localian)	Md.	Md. 27-09			
(abstract	INSTITUTION	D. STREET ADDRESS (If rural, give location)	,			
1	Mercy Hospital	5210 Loch Raven Bo	ulevard			
	sex 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	cify) 8. DATE OF BIRTH 9. AGE (In years tost birthday) March 5. 1900 65	If Under 1 Yr. If Under 24 H Manths Days Haurs Min.			
	N. USUAL OCCUPATION (Give kind of work 108-KIND OF BUSINESS OR INITED STATES OF INITED STATES IN ATLANTA	DUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	perations Mgr. Isthmian	Maryland 114. MOTHER'S MAIDEN NAME	USA			
13.	Conrad Lauterbach					
S.	Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	Rosa M. Altavogt	ADDRESS			
	s, na arunknawn) (If yes, give war ar dates of service) SECURITY NO	1 11	same.			
_	18. 4 5 X 1	USE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY	Restine abdominal aneugen	3-4hr			
	(This does not mean the made of dying, e.g., 1 DUE	19)				
	heart failure, asthenia, etc. It means the disease; injury ar camplicalian which caused death.)					
	ANTECEDENT CAUSES	TO 1 1 2 2				
		ensuliged atheroschusio	YEARS-			
	UNDERLYING CONDITION last.	V				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
U	19A. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
AL CERTIFI	OR CONTRIBUTING CAUSE OF hame, farm, factory, s DEATH (natify medical examiner) A		nore City, give exact lacation)			
MEDIC	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
٤		lat While				
	22. I certify that (this haspital) attended the deceased from					
	that (me) lost saw the deceased alive an	19 65 and that in (our) o	plnion death occurred on the d			
	and hour ond from the couses stated above (1) (We) (did)	thei) view the body ofter death.				
	23A. SIGNATURE M.	D. Attending Med. Staff Phys. Director Phys.	23B. DATE SIGNED			
	23 C. PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS	11 11-65			
	ROBIERT L. POYLE	M.D. MIERRY HOSPI	(City, tawn, ar county) (State			
24/		OF CREMATORY 24D. LOCATION	(City, tawn, ar county) (State			
	burial 11-15-65 Parkwood (A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	emetery Baltimore	, Md.			
25/	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	emetery Baltimore 250. FUNERAL DIRECTOR Leonard J. Ruck Inc	O / / ADDRESS			
	150-REV. 1/1/65	Leonard J. Kuck Inc	Daltimore, Illd.			

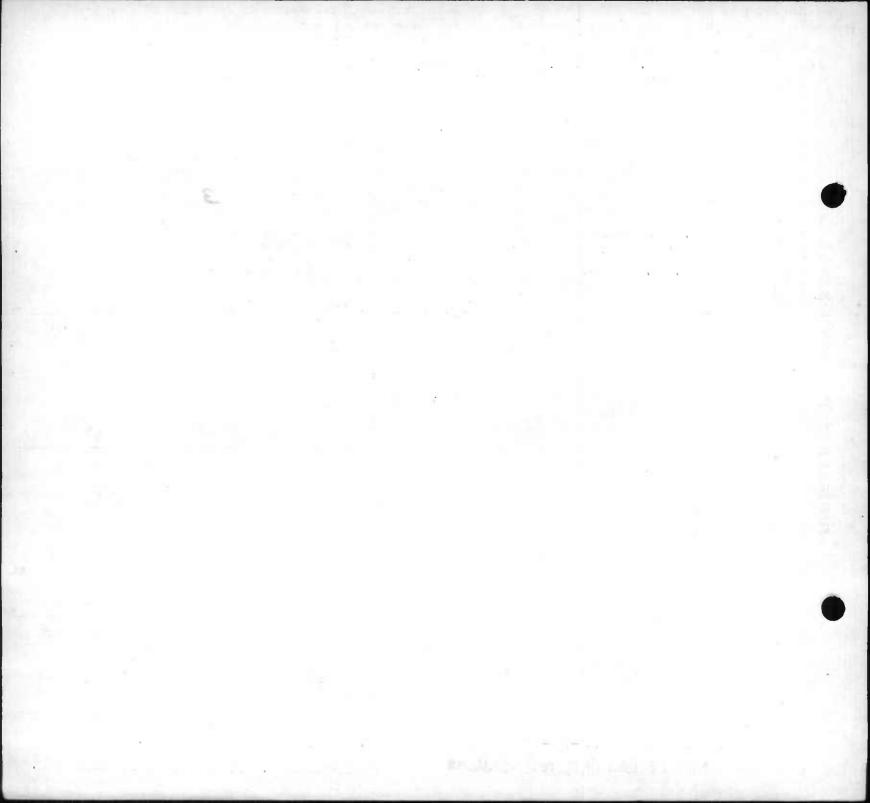
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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		HEALTH DEPARTMENT	6	5 11607			
BIRTH NO. 65 1160"	CERTIFICA	TE OF DEATH	Registered Na.	O LECOUY			
T. NAME OF DECEASED (Type or Print) (Type or Print) (Type or Print)	experiences W	ikel 2. DATE AND	HOUR OF DEATH	Spm M			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived. If in	stitution: residence before admission)			
FULL NAME OF (If not in hospitol or institut	ion give sheet	ma		1-15			
HOSPITAL OR oddress or location)	ion, give siree:	C. CITY OR TOWN (If outs	ide city limits, write	RURAL ond give township)			
INSTITUTION I	011-516	Back					
Una henre	- IN squan	D. STREET ADDRESS (If re	ural, give location)				
		1421 Ca	rswell	54			
5. SEX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
m wise	OWED, DIVORCED (specify)	6-25-1892	ost birthdoy)	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. KIN)	44 4 4 4 4 4 4	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF			
done during most of working life, even if refired) Ret. (arpenter)		Wast Visa		WHAT COUNTRY?			
13. FATHER'S NAME		West Vity	11110	us i			
			/ •				
M. A. Wikel	(1)	Mattie Wil	Clams				
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
no	215148828	Mrs-Bessie W.	ikel	same			
18. 420.11	CAUSE O	F DEATH		INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	10.0		, ,	ONSET AND DEATH			
LEADING TO DEATH	(A) / V	4 ocardial h	factor	L.			
(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise			0	The second second			
injury ar camplication which caused death.)							
ANTECEDENT CAUSES	DUE TO		-0 0 +1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	DISEASES OR CONDITIONS, if any, giving						
rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)						
11							
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	IHE						
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?			
ER O	1						
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Bottimon	(If in Bottimore City, give exact location)			
DEATH (notify medical examiner)	etc.)						
OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
OF INJURY (APPROX.)	While At Work Not Whit	e		135			
22 I certify that (I) (this basnital) attend		11165 - 5-55	9 40 /3	11/1 60 10 F			
22. I certify that (I) (this haspital) attended the deceased from 11/11/25 5 19 ta 11/10 (65) 19 ft that (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1							
			т Iп(my) (2017 -арт	nian death accurred an the date			
and have and from the causes stated abov	e. (1) (did) (dia 1991) v	riew the bady after death.		DATE CIGNED			
1 1 1 -	M.D. Atte	ending Med.	Stoff -	23B. DATE SIGNED			
1. 1.	Phy	s. Director F	hys.	111111			
23 C. PHYSTCIAN'S NAME (Type)		23D. ADDRESS					
	M.D.						
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY of CRI	EMATORY 24D. LO	CATION (C	ty, town, or county) (State)			
bunial 11-15-65 /	Meadowridge Me	em. Park Ro	ltimore,	Md.			
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	loco guarda a consensa		ADDRESS AL			
NOV 15 1965 Role & E.	tarbou 1949	Leonard Jo	Kuck Inc	Baltimore, Md.			
VS 150-REV, 1/1/65							

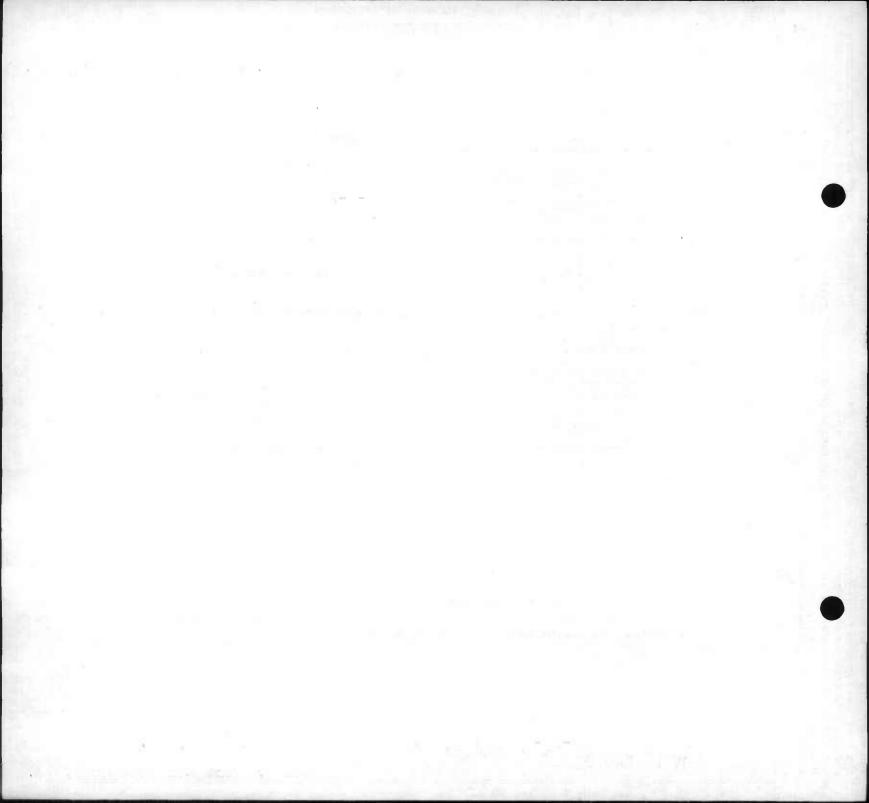


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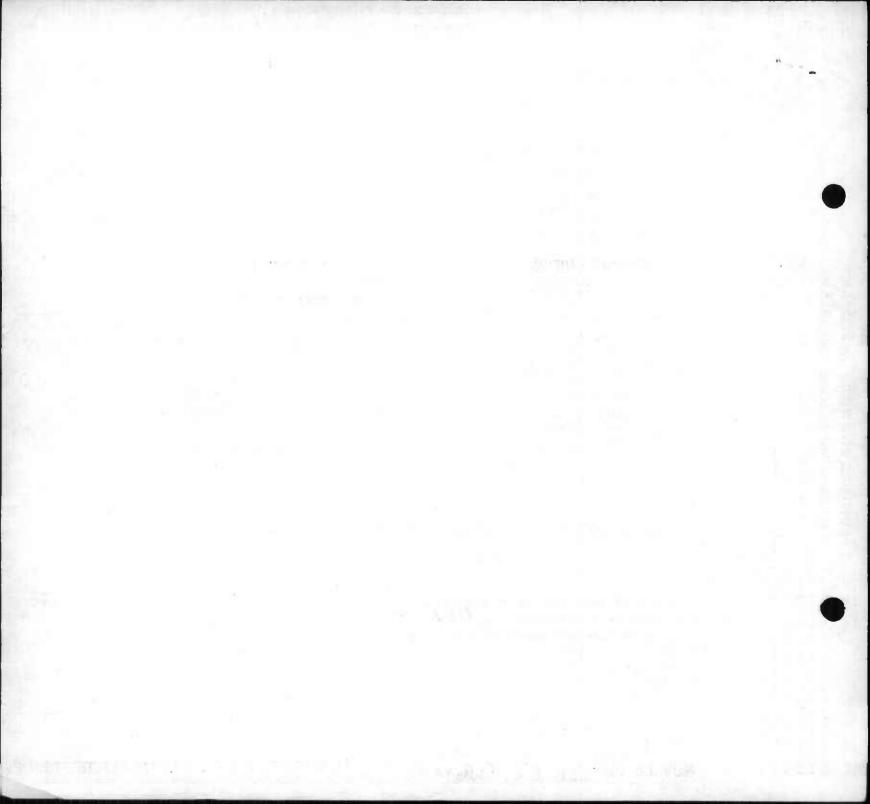
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

05 44000	BALTIMORE CIT	Y HEALTH DEPARTMENT		05 4400Q
BIRTH NO. 65 11608	CERTIFICA	ATE OF DEATH	Registered No	65 11608
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) Matthew	Zieg	ler Nov.	10. 1965	1 11:45 PM
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If ins	11:45 P.M.
FULL NAME OF (If not in hospital or instit oddress or location) INSTITUTION	ution, give street	C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)
/		Baltimore		
Union Memorial Hos	pital	physical	rurol, give locotion) e Road	
/ / wic	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KI		Y 11. BTRTHPLACETStote or forei	gn country)	12. CITIZEN OF
Ret. Pattern (utter		Manuland		WHAT COUNTRY?
3. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAM	ΜE	USA
Jakob Ziegler		Managarde		
5. Was Deceased Ever in U.S. Armed Forces?	1 6. SOCIAL	Margaretta K	loenig	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of se	222223102	M V 1. 7.	. /-	
18, 1/22	220033403 7	OF DEATH	egler	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	OAO3E (OF DEATH Cute bromary th ASCVB		ONSET AND DEATH
LEADING TO DEATH	(A) Cli	cute bromary th	nombosis	1 hour
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO	ASIVB		Merry
injuly of complication which coused death.		7 0 - 17		
ANTECEDENT CAUSES	DUE TO	********************************		
DISEASES OR CONDITIONS, it ony,				
UNDERLYING CONDITION lost.	1he (C)			
LI -				
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	O THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No	OB. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Wh			
22, I certify that (I) (this hospital) otten	ded the deceased from	1	1959 10	vov 10th 1965
that (I) (we) last sow the deceased alive	0 - 1	A VOK		ion death occurred on the date
and hour and from the couses stated abo			,,,, (,,	
23A. SIGNATURE		/ / / / / / / / / / / / / / / / / / / /		23B. DATE SIGNED
a Serva H	Red M.D. At	Med. Director	Stoff Phys.	11/11/65
23C. PHYSICIAN'S NAME (Type)	RECVI M.D	23D. ADDRESS	KIND RIVA	D BALTUMB
0.0000	4C. NAME of CEMETERY OF CI	0012	OCATION (City	v. town, or county) (State)
REMOVAL (Specify)	1 1 2 1	240. [y, town, or county) (State)
burial 11-13-65	Loydon Park (emetery Ba	Itimore, 1	ld.
NOV 15 1965 OF Lead 5.	COO CONTRACT	250. FUNERAL DIRECTOR	P. 1 0	ADDRESS A11

Ruck Inc Daltimore, VS 150-REV. 1/1/65

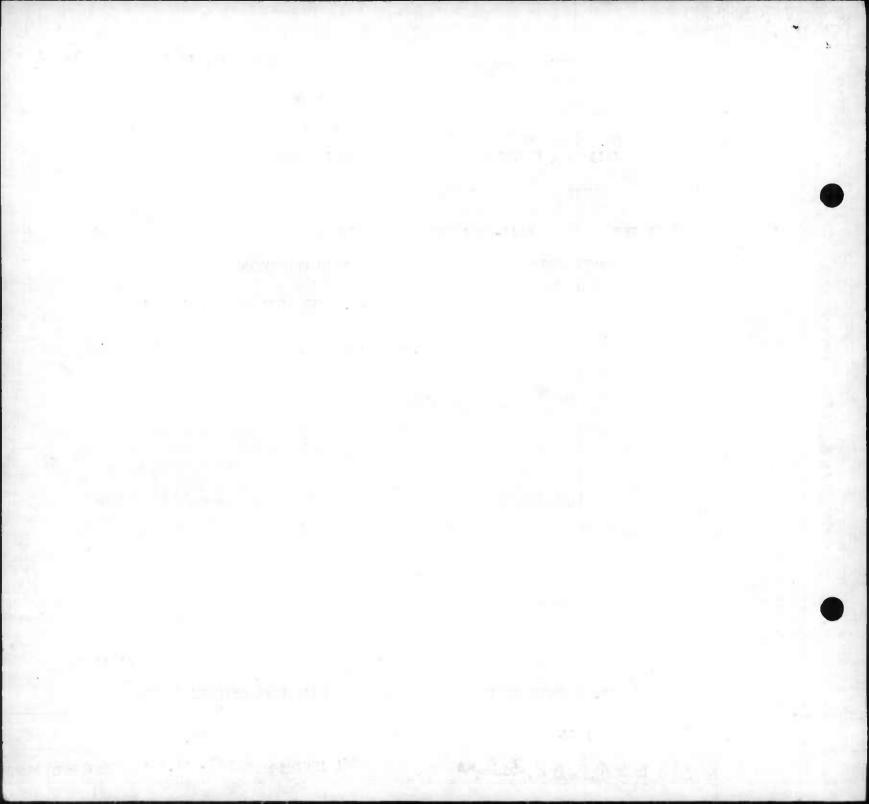


		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	0 = 1 1001	CERTIFICA	TE OF DEATH	Registered No	
M.E. CASE NO.	65 1161	CERTIFICA		C C	5 44609
(Type or Print) BE	RNICE	GOLD SMIT		8 65	61,05 P.M.
3. PLACE OF DEATH I	N BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		tution; tesidence before odmission)
FULL NAME OF	(If not in hospital or instit	ution, give street	MD, BA	ide city limits, write RU	Balt
INSTITUTION			BALTIMO		KAL ONG GIVE IOWNSHIP)
12 SI WA	1 1200.01	TAI BA		urol, give location)	- 100
	1 Haspi		III SLA	4	=, 2 905
FEMALE	White WIE	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) WIDOWED	6/17/97	68	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working	ig lite, even if retired)	AT HEME	MARYL,	AND	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		17/ 140116	14. MOTHER'S MAIDEN NAM	\E	
ABR	AHAM KAUFMAN		ALICE HAMBI	URGER	
15. Wos Deceased Ever	in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
W O	es, give war or dates of se	security No.	HOSPITAL RECO	RDS	
18.420	/ 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			RDIAL INFAH	STIME 5 DAYS
(This does not n	trins does had meen me made at dying, e.g.,				
	heart failure, astheria, etc. It means the disease, injury or complication which coused death.)		MENCINE OFFER	lacelin	UNKNOWN
ANTE	CEDENT CAUSES	(B) 1/7/2	KIENSIVE AKIEK	105CLEROIC	0/0/\/
DISEASES OR C	CONDITIONS, if any,	aivina	-ARDIOVASCULA	PISEASE	
rise to the of	bove cause (A) stating		MANGOON CO		луп (жи н жин и ин ин ин ин ин ин ин ин он отогин и 00 000 000 00 000 00 000 000 000
UNDERLYING CO					
P TO THE DEATH	NT CONDITIONS CONTRI H BUT NOT RELATED T	BUTING O THE			
DISEASE OR CON	RATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
HE 21	WAS PERFORME	D.	YES	IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTING		21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore C	City, give exact location)
	onth) (Oay) (Year) (Hou	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S OF INJURY		While At Not While At Work	e		
22. I certify that	(1) (this hospital) atter	ided the deceased from 1/2	141	9 65 to 11/	1965-
	sow the deceosed aliv	1111	A		on death occurred on the date
	m the causes stated ob	ove. (I) (We) (did) (did not) v	riew the body after death.		
23A. SIGNATURE	20 m	Kaplan M.D. Atte	ending Med. s. Director	Stoff Phys.	3B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	tEW M.	1/	23D. ADDRESS SIWAI	HOSP	1142
24A. BURIAL CREMAT REMOVAL (Speci		24C. NAME of CEMETERY OF CR			town, or county) (State)
BURIAL	11/11/65	BALTIMORE HEBRE	EW BA	LTIMORE MA	RYLAND
	1965 (R O	AME OF REGISTRAR Fallow Ma	SOL LEVINSON	& BROS.INC.6	ADDRESS 010 REISTERSTOWN RD
VS 150-REV 1/1/65	U VINCEUU C	- Acres -			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

	ME OF DEC		HAM BROWN	NOVEN	BER 11, 196	5 9:30 A.
FU	JLL NAME O OSPITAL OR STITUTION	MT. SINAI	or institution, give sheet	MARYLAND C. CITY OR TOWN (If or BALTIMORE	ntry utside city limits, write rural, give lacation)	RURAL and give township)
SE MA	x LE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yı, If Under 24 Hr Months Doys Haurs Min.
one		warking life, even if retired) NTER	SELF-EMPLOYED	11. BIRTHPLACE (State or fare RUSSIA 14. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTRY?
		MAYER BR	OWN	LEAH YEVSIN	KOV	
5. W	no oi unknawn	Ever in U. S. Armed For (If yes, give war as date	s of service) 16. SOCIAL SECURITY NO.	MRS. MARY EHRL	.ICH 3311	ADDRESS KELOX RD
	heart failure, injury or com	not meon the mode of osthenio, etc. It means aplication which coused ANTECEDENT CAUSES	the discose, deoth.)			
ATION	heort foilure, injury or corr DISEASES Crise to the UNDERLYINCO OTHER SIGNI TO THE D DISEASE OR	oslhenio, etc. II means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) G CONDITION lost, applicant CONDITIONS (EATH BUT NOT RELCONDITION CAUSING	the disease, death.) (B) DUE TO ony, giving stoling the (C) CONTRIBUTING ATED TO THE	IZOA, AUTOPSY? (Yes or N		
ERTIFICATION	heort foilure, injury or com DISEASES Crise to the UNDERLYING OTHER SIGNITO THE D DISEASE OR 9 A. DATE OF	oslhenio, etc. II means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) G CONDITION lost, are conditions (EATH BUT NOT RELACED CONDITION CAUSING OPERATION 19B. CONWAS PER	the disease, death.) (B) DUE TO Ony, giving stoling the (C) CONTRIBUTING ATED TO THE LIT. IDITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or N	a) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATION	DISEASES CONTRIBLE OF CONTRIBLE	osthenio, etc. II means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) G CONDITION lost. IFICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING OPERATION 198. CON	the disease, death.) (B) DUE TO Ony, giving stoling the (C) CONTRIBUTING ATED TO THE LIT. IDITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or N	a) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
MEDICAL CERTIFICATION	DISEASES CONTRIBLE OF CONTRIBLE	osthenio, etc. II means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) G CONDITION lost. IFICANT CONDITIONS (EATH BUT NOT RELACED CONDITION CAUSING OPERATION 198. CONWAS PER NT WAS UNDERLYING CAUSE OF	the disease, death.) (B) DUE TO ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., in hame, farm, factory, street, of	20 A. AUTOPSY? (Yes or No ar about 21 C. WHERE DID fine bldg., INJURY OCCUR?	a) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
NOTE OF CERTIFICATION OF THE PROPERTY OF THE P	DISEASES CRISSE TO THE DESCRIPTION OF THE DESCRIPTI	oslhenio, etc. II means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) G CONDITION lost, and the couse of the condition of the condition of the condition of the condition of the couse of the couse of the couses stold from the couses	the disease, deoth.) (B) DUE TO ONY, giving stoling the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., in hame, farm, factory, sheet, of etc.) (Hour) 21E. INJURY OCCURRED While At Work At Work Work Not While At Work I) attended the deceased from ted obove. (I) (We) (did) (did not) verified obove. (I) (We) (did) (did not) verified the deceased from ted obove. (I) (We) (did) (did not) verified obove. (I) (We) (did) (did not) verified the deceased from ted obove. (I) (We) (did) (did not) verified obove. (I) (We) (did) (did not) verified obove. (II) (We) (di	20A. AUTOPSY? (Yes or No nor about 21C. WHERE DID fine bldg., INJURY OCCUR? 21F. HOW DID IN a liew the body ofter death. 23D. ADDRESS 5415 PAR	208. IF YES, WERE IN CERTIFYING C. (If in Baltimo JURY OCCUR? 19 to hot in (my) (our) op Staff Phys. K HEIGHTS A	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 17 17 17 18 18 18 18 18 18 18



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

Registered No.

If Under 24 Hrs.

Hours

USA

ADDRESS

10

INTERVAL BETWEEN

ONSET AND DEATH

- PANHAGHI ONN 23 B MH الإسفاد ما الماسات TO THE PARTY OF THE PARTY ASSESSMENT OF THE

258. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

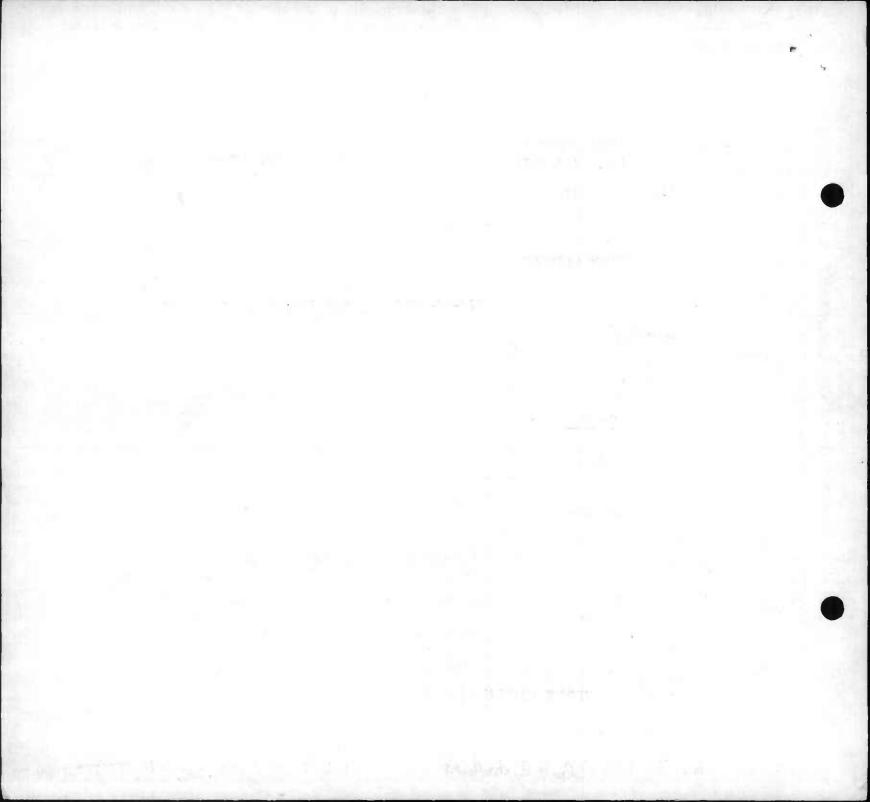
IMPORTANT DIRECTOR: FUNERAL

Was

25A. DATE REC'D BY HEALTH DEPT.

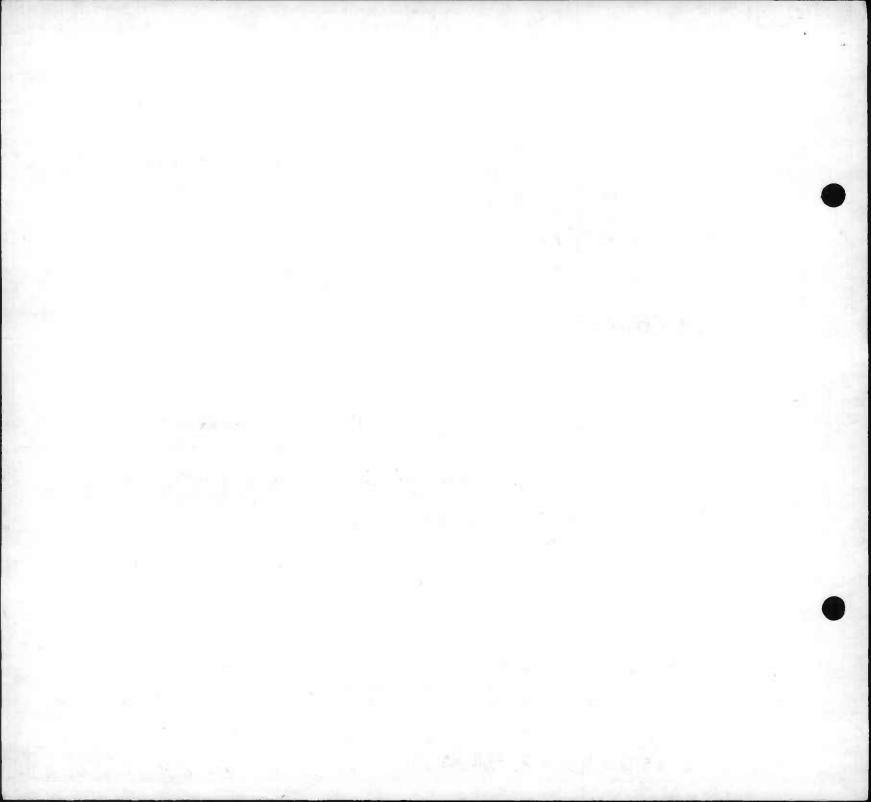
VS 150-REV. 1/1/65

IMORE (If outside city limits, write RURAL and give township) tf Under 24 Hrs. Months Doys Hours 12, CITIZEN OF WHAT COUNTRY? USA ADDRESS 5709 JONOUIL INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death accurred an the date 23B. DATE SIGNED (City, town, or county) MARYLAND 25C. FUNERAL DIRECTOR ADDRESS



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pit	of	De	93	ath	
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tific	3 >	E	7. A.	P	db
COL	Poc	/5: (0.0	dse	ten
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceasec	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
-	-	10	3	T	5

BALTIMORE CITY HEALTH DEPARTMENT 65 11613 CERTIFICATE OF DEATH Registered No. _ BIRTH NO M.E. CASE NO. I NAME OF DECEASED 2 DATE AND HOUR OF DEATH 900 (Type or Print) AM M. 11-12-65 evin USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE BALTO FULL NAME OF (Il not in haspital or institution, give street HOSPITAL OR address or lacation) C. CITY OR TOWN (If autside city limits, write RURAL and give township SINAL HUS B D. STREET ADDRESS (If rural, give lacation) Garrison If Under 1 Yr. Months: Days 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday 30 00 Leiner Married 10A USUAL OCCUPATION (Give kind of workhoe, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) BALTO, MD. 1154 Soc. Sec. Disabilit 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levin ACO B 15. Was Deceased Ever in U. S. Armed Farces? 17. INFORMAN 6. SOCIAL (Yes, no ar unknown)(It yes, give wor ar dates of service) SECURITY NO. Water 5336 Carriage CV. M NO Harry INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cardial 10m populate (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) 10 min ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving Acute Myocardial rise to the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Khenmay, DISEASE OR CONDITION CAUSING IT. 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A, DATE OF OPERATION CERTIF -17-65 Pericardia effusion 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact location) DEATH (notify medical examiner) non Q MEDIC 21 D. TIME (Month) (Doy) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At (APPROX.) Work 22. I certify that (1) (this hospital) attended the deceased from 19.65 19 65 and that in(my) (our) opinion death occurred on the date that (1) (we) lost saw the deceased alive on 11-12 and haur and from the couses stated above. ((1)) (We) ((did)) (did not) view the body after death. 23A. SIGNATURE 23B DATE SIGNED Med. 11-12-65 approval 23 CAPHYSICIAN 23D. ADDRESS NAMECType 5356 Carriage Ct, Baltimore 29 M.D. arr Alen 24A. BURIAL CREMATION. 24C, NAME OF GEMETERY OF CREMATORY 24B. DATE 24D. LOCATION REMOVAL (Specify) AD DRESS 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT VS 150-REV. 1/1/65



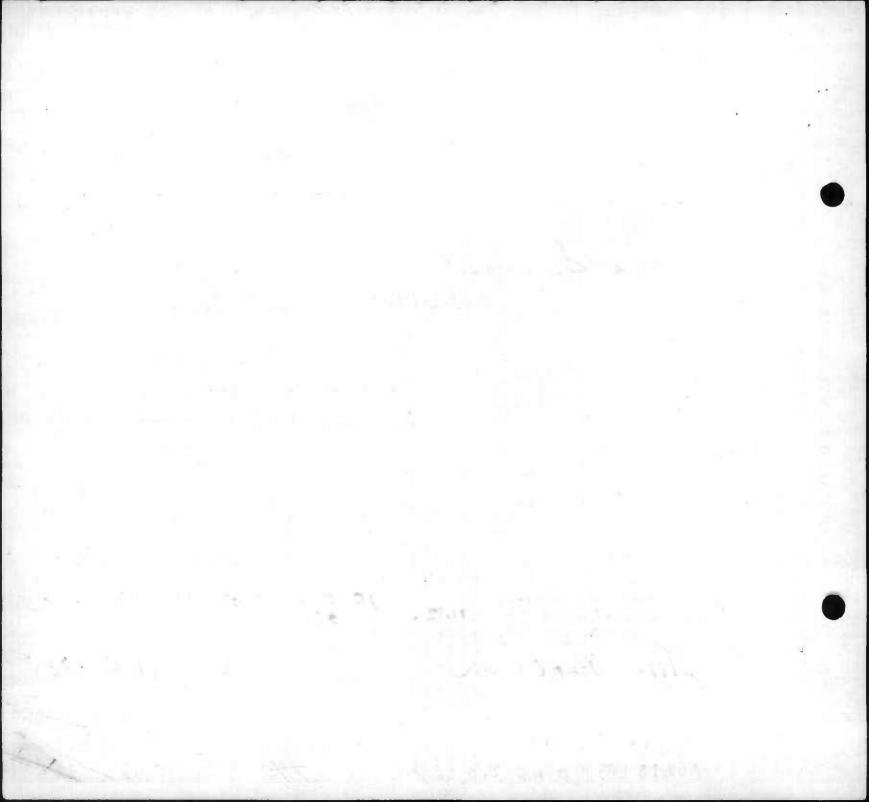
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	15.27749 65 1161	A BALTIMORE CITY	HEALTH DEPARTMENT		
M.	TH NO. (1) A117 E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	55 11614
	pe or Print) Potter	, Baby G.	2. DATE AND	HOUR OF DEATH	1230 pm
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	1	4. USUAL RESIDENCE (Where	deceosed lived. If inst	itution: residence before admission)
7	FULL NAME OF (If not in hospital or institut	ion, give street	MAd. R.	It imax.	0
	HOSPITAL OR oddress or locotion)		C. CITY OR TOWN (If outs	ide city limits, write RU	IRAL and give township)
1/1	Union Me	moria.	() 40	ore	33 00
77	Hospital		1823. Dev	eron R	d.
5.		RIED, NEVER MARRIED DWED, DIVORCED (specify) La fam (8. DATE OF BIRTH 9.	AGE (In years est birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
401	Infaht	Infant	Beltimo	e, Md.	USM
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
L	Donald Potter		Patric	ia J.	otter
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		Charts		
	18.773,57	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1. 1. 1.	11 - 1 - b -	
	(This does not mean the mode of dying,	e.g., DUE TO	+ yaline	1em Bri	he xxu.
	hearl foilure, aslhenio, etc. It means the dise injury or complication which caused deoth.)	ase,	insease	1-1	
	ANTECEDENT CAUSES	(B) P1	remature.	brakle to	Jus.
	DISEASES OR CONDITIONS, if ony, gir	ving DUE TO	7		
	rise to the above couse (A) sloting UNDERLYING CONDITION lost.	the (C)	**************************************	·	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			F	nits
ERTIFICA		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or obout 21C. WHERE DID	(If in Boltimore (City, give exact location)
EDI	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)	While At Not While Work At Work		The state of the s	
	22. I certify that (I) (this hospital) attended	1,		65 to 11	16 1965.
	that (1) (we) lost sow the deceased alive	. / .	,		on deoth occurred on the dote
	and hour and from the causes stated above				9
	23A. SIGNATURE			[2	3B. DATE SIGNED
	Sufer B. Ruser	M.D. Attu	ending Med. S S. Director P	toff hys.	11/6/61
	23C. PHYSICIAM'S RUFUS B. JEN		23 D. ADDRESS UNION	11-11-11	HOSP IT ALX
	Rueus B. Jenn	ings, Jr. M.D.	The Johns	Hole Aikins	1505p, 60
24/	REMOVAL (Specify)	C. NAME OF CEMETER OF CH	MANY BOARD O	DATION AN YOUR	or county) (Stote)
	NOV 10 196	5	CDCITY MEDIC	AL SCHOOL	How .
25/		ME OF REGISTRAR	1 230 AUMERAN BIRECTOR	AL SCHOOL	ADDRESS
	NOV 15 1965 P.O. A 2 3	Calley Mas	MORTUARY	SERVICE	- BCHD
VS	150-REV, 1/1/65				

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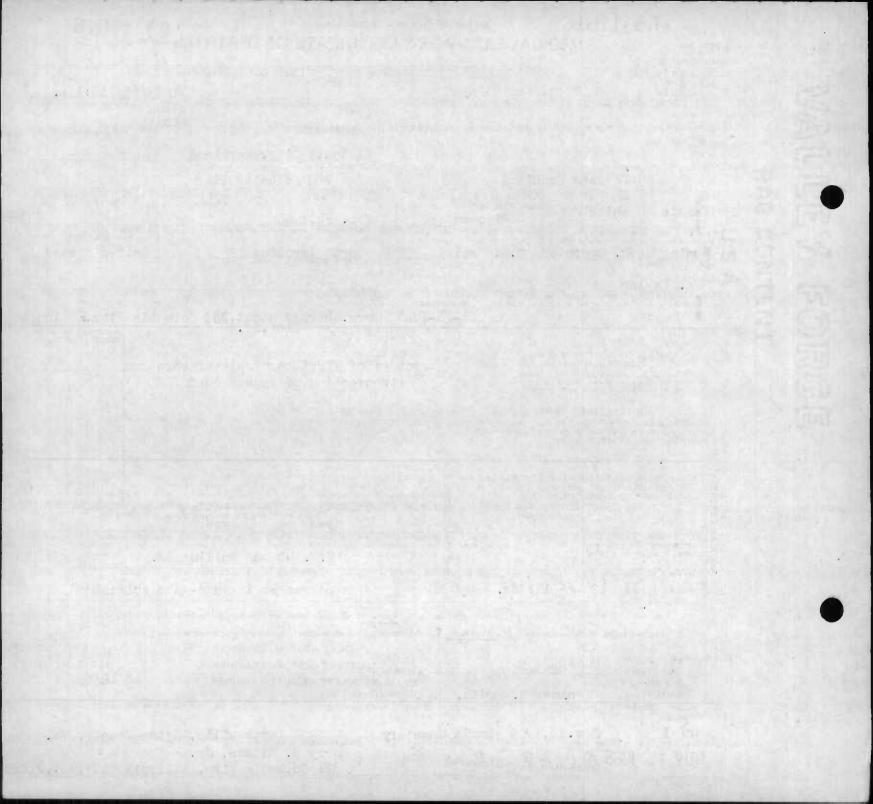
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FUNERAL DIRECTOR: IMPORTANT	MPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	Iso, if the direct or contributing cause of death.
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	unced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Hendance on the deceased prior to death. Such

~	11045	BALTIMORE CITY	HEALTH DEPARTMENT	6	5 11615
BIRTH NO. M.E. CASE NO.	65 11615	CERTIFICA	TE OF DEATH	Registered No.	O LLUIO
1. NAME OF DECEASED	22.1		2. DATE AND	HOUR OF DEATH	- 1 -
MILKI	(H) FLO	ORENCE AI	11-12	-	15.45
3. PLACE OF DEATH IN	BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	titutian: residence before admi
FULL NAME OF	If not in hospital or instit	ution, give street	MARXLAND		
HOSPITAL OR INSTITUTION	ddress or location)	Unen. Tal	C. CITY OR TOWN (If outsi	de city limits, write R	URAL and give township)
001	N SECONRS	ETTE ST.	13AHIIMORE		168
7 26	25 W. FAX	E, Md 2/223	734 GRY	rol, give location)	at
5. SEX		RRIED, NEVER MARRIED DOWED, DIVORCED (specily)		AGE (In years st birthdoy)	II Under 1 Yr. If Under 24 Manths Doys Haurs M
10A, USUAL OCCUPATION		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12, CITIZEN OF WHAT COUNTRY?
Cook	,		MARXLAND		21.S.A
13. FATHERS NAME	01		14. MOTHER'S MAIDEN NAM	Ε	
Thomas	& Green		Cenfo	now.	n
15. Was Deceased Ever in (Yes, na or unknawn) (If yes,	U. S. Armed Forces? give war ar dates al se	vice) 16. SOCIAL SECURITY NO.	7 Mrs / ball	reLand	ADDRESS
18. 42.04	/1	CAUSE	F DEATH	V	INTERVAL BETWEEN
	CONDITION DIRECTLY	Λ,			ONSET AND DEATH
	NG TO DEATH	(A) / Mu	att or acteno	ing ocas	or doing
heart failure, astheni	n the mode of dying, a, etc. It means the dis	e.g., DUE TO	N	njand	V
	n which caused death.)	0	cal. It seem	condu a	Acu.
ANTECE	DENT CAUSES	DUE TO			7
	NDITIONS, if any,	giving Carl	assin arterio col. It den.	disease	4
UNDERLYING CON	e cause (A) stating DITION last,	(C)			
	11	^			
O THE SIGNIFICANT	CONDITIONS CONTRIB	SUTING ()	lusury e	unkoli sa	reccus
DISEASE OR CONDIT		O THE			
19A. DATE OF OPERA	19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	208. IF YES, WERE F	NDINGS CONSIDERED
U 21A. ACCIDENT WAS	UNDERLYING	218 PLACE OF INJURY (e.g.,		(If in Boltimore	City, give exact location)
OR CONTRIBUTING	examiner)	hame, farm, lactory, street, c	mice oldg., INJURT OCCUR?		
O 21 D. TIME (Month) (Day) (Year) (Hour	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)		While At Not Whi	le 🗀		
		Wark Al Work		1	
, ,		ded the deceased from			12 196
that (I) (we) lost so	w the deceased olive	on 1/12			ion deoth occurred on the
ond hour and from t	he couses stated abo	ve. (I) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE					238. DATE SIGNED
6/11.		M.D. Att	ending Med. S	toff th	11 17 106
	12201	NO-7 Ph	S. Director P	hvs. It	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
23C. PHYSICIAN'S	13001	Phy	23D. ADDRESS	hy s.	11111110
23C-PHYSICIAN'S NAME (Type)	13001	Phy	s. Director P	hy s. I	[[1]
NAME (Type)	13000	M.D.	23D. ADDRESS		
23C. PHYSICIAM'S NAME (Type) 24A. BURIAL CREMATION REMOVAL (Specily)	1, 248. DATE	Phy	23D. ADDRESS		y, tawn, at county) (Sta
NAME (Type) 24A. BURIAL CREMATION REMOVAL (Specify) DWW.	11/15/5	M.D. AC. NAME OF CEMETERY OF CR	23D. ADDRESS EMATORY 24D. LO		3 md
NAME (Type) 24A. BURIAL CREMATION REMOVAL (Specily) 25A. DATE REC'D BY HEA	11/15/65 LTH DEPT. 258. N.	M.D.	23D. ADDRESS		, town, of county) (Sto
NAME (Type) 24A. BURIAL CREMATION REMOVAL (Specily) 25A. DATE REC'D BY HEA	11/15/5	M.D. AC. NAME OF CEMETERY OF CR	23D. ADDRESS EMATORY 24D. LO		3 md

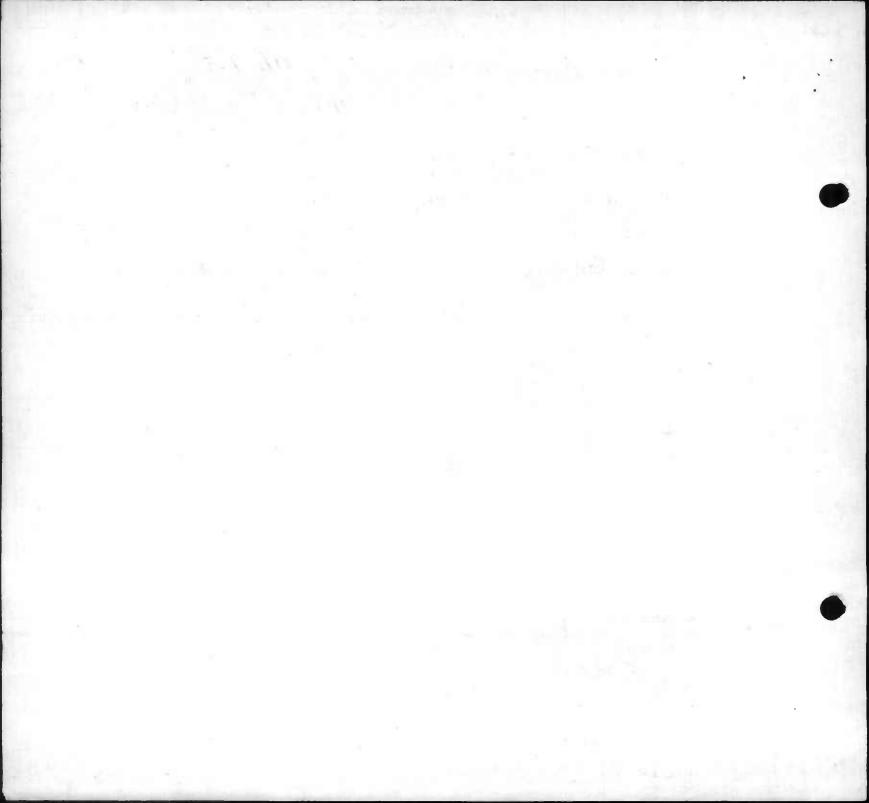


VS 151-REV. 1/1/65

BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICA	TE OF D	EATH Register	red No.	10
M.E. CASE NO.	CEASED				12. DATE AND	HOUR PRONOUNCE	D DEAD	
(Type or Print) Reta) Mae HA	MOM				13/65 1	2.15n .
	TIMORE MARYLAND, V			4. USUAL RESID	ENCE (Where d	eceased lived. If insti	tutian: residence	
				A. STATE	arvland	B. cou Howar	•	
OSPITAL OR	(IF NOT IN HOSPI	TAL OR INSTITU ATION	TION, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, write	RURAL ond giv	ve township)
NOITUTITE				Ellicot	t City, I	Maryland	6	3-00
10	77			D. STREET ADD	RESS (If rurol,	give location)		
4	St. Agnes Ho	spital		260	Columb:	ia Pike		
SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	Н	9. AGE (In years last birthday)		If Under 24 H
female	white		lowed	Feb. 24	1904	61		
		rk TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN O	
	working life, even if retired) [ach. Operato	r C.R.	Daniels	North (Carolina			States
FATHER'S NA		1 00100	Daile	14. MOTHER'S A	AIDEN NAME		7 7 7 7 7 7	DVILLOUD
Mr. Tay	zlor							
WAS DECEAS	ED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
es, na or unknowi	n) (If yes, give war ar da	tes at service)	226-26-7348	Mng Shi	elev Stor	gt,260 Colu	mhia Dik	e Fline
110	7 11			OF DEATH	City .M	10,200 GOIU		RVAL BETWEEN
FS	16 11		CAUSE	OF DEATH				ET AND DEAT
DISEA	SE OR CONDITION DEAT	DIRECTLY	173 A	0 04		7		
(This does	not mean the mode of		(A) ractul	re of firs	st cervi	cal vertebr	a and	
DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST	ANY, GIVING	(B)					
071100 616	II	c CONTRIBUTU	N.C					
TO THE	ONIFICANT CONDITION DEATH BUT NOT R	ELATED TO T						
-	F OPERATION 198, CO WAS PE		WHICH OPERATION			OB. IF YES, WERE FILL	NDINGS CONSI	DERED?
	AL CAUSE WAS	218	PLACE OF INTURY (8.5	in or about 21C	WHERE DID	yes f in Boltimare City ai	ve exact lacatio	n)
UNDERLYING	OR CONTRIB- USE OF DEATH.	home etc.)	PLACE OF INJURY (e.g., form, foctory, street, street	affice bldg., INJUI	occur?	d Rolling R	d. 5 3	3-00
21 D TIME	(Manth) (Day) (Ye		TE. INJURY OCCURRED	21 F. H	DINI DID INJU	RY OCCUR?		
(APPROX.)	11 13 65	11:38a.	WHILE AT NOT	WHILE X Pas	ssenger	in auto-aut	o collis	ion
22.	rtify that I held an	Inquiry	Inspection Au	tapsy 沈 ar	nd that an thi	s basis, death In n	ny apinlan	
	Ited from: Natural c		Accident X Suicio			ndetermined mann		
1030	1 .		7-1		AEDICAL EX			
ACTUA		el h	300	ASSISTANT			D	ATE SIGNED
SIGNA		-	J. M. D	ASSOCIATE			11/14	165
EXAMI NAME		er U. Sp	oitz. M.D.	ASSOCIATE	MEDICAL EX	AMINEK	/4	
3A, BURIAL CR	EMATION, 238. DATE		C. NAME of CEMETERY				, tawn, ar county	
Burial	Nov. 16	1965 I	Davis Cemeter	24C. FUNE	Myt.	heville, Wy	the Coun	ty, Va.
					y H. Wit			



2	BALTIMORE CITY	HEALTH DEPARTMENT)7-05 E	М
BIRTH NO. 65 11617	CERTIFICA	TE OF DEATH	Registered Na.	11617
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) LENA MAE CRO	such	2. DATE AND 1	HOUR OF DEATH	12 10 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, given the property of the property	re street	4. USUAL RESIDENCE (Where d A. STATE B. COUNTY	Altimok	te city
INSTITUTION		Summit 1	UURSING Juris, write RUR.	AL ond give township)
5. SEX 6. RACE 17. MARRIED, N	TAL	4627 M	norlas	us Fl
FEMALE CHAC MAN	DIVORCED (specify) 2/2/E/D SUSINESS OR INDUSTRY	2/28/86 1051	birthdoy 9 M	Under 1 f. If Under 24 Hrs. onths Doys Hours Min.
done during most of working life, even if retired)		CANADA	Coomity	WHAT COUNTRY?
David Greer		MARGARET	CRumm	eR
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	HM THE COA	11h 2/6	27 ADDRESS PL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g.,	CAUSE O	RCINDINATOS	513	INTERVAL BETWEEN ONSET AND DEATH
heart failure, osthenio, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES	(B)		? මිම ගෙමණිම කිරීමේකරුව හා සහ සම්බව යු කිරීමේකරුව කුරුම් එක්කරුවේ සම්බව්ධ	*
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.	C)		******************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ASCITE			
19A. DATE OF OPERATION 19B. CONDITION FOR WIWAS PERFORMED		Ves	OB. IF YES, WERE FINE N CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF CHOME, home, etc.)	form, foctory, street, o	in or obout M.C. WHERE DID	A Boltimore Ci	ty, give exoct locotion)
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. I. While Work	AI Work	21F. HOW DID INJURY	OCCUR?	
22. I certify that (I) (shis hespital) attended the that (I) (we) last saw the deceased alive an		1/9/65 19 19 and that i	in(my) (our) aplnia	2/65 19 , n death accurred an the date
and hour and from the causes stated above. (1) 23A. SIGNATURE Baldwan		riew the body after death.	23	B. DATE SIGNED
B. O. BALLWINI	/ M.D.	23D. ADDRESS	20 ·	own, an county) (State)
SKEMOVAL 1 Specify 1 1 1 5/65 P	REGISTRAR	25ç. FUNERAL DIRECTOR	efe. 7	ADDRESS (1)
NOV 15 1965 Robert E, Far	Bounn	Without	W. 41016	Shundson



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause of death was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

| Sample | Sam

() == 0.1 () 0.	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 1161	CERTIFICA	TE OF DEATH	Registered Na.	65 11618
M.E. CASE NO.	CERTIFICA			70 230.20
1. NAME OF DECEASED (Type or Print)		1	ND HOUR OF DEATH	
Anna Matthews			0/63	12:40 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COU	ere deceased lived. If in	stitution: residence before admission)
FULL NAME OF (If not in hospital or institut	ion give sheet	Maryland		44
HOSPITAL OR oddiess of location)	ion, give succi		utside city limits, write f	RURAL ond give township)
Baltimore City F	Hospitals	Baltimore		52-00
4940 Eastern Ave	enue	D. STREET ADDRESS	rural, give location)	
Baltimore, Mary		327 Old Riv	erside Rd	#21225
	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	THE RESERVE THE PROPERTY OF THE
	OWED, DIVORCED (specify)	70 76 05	lost birthdoy	Months Doys Hours Min.
Female White	didowed	10-16-95	aion country)	12, CITIZEN OF
done during most of working life, even if retired)	D 01 203111233 OK 1110031K1	TI. SIKITI EACE (Slove of low	ergii country/	WHAT COUNTRY?
Housewife		Pennsylvania		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
16:3 D 1		T'mm		
Miles Rabar 15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	TO THE OWN AND THE		7501123
No		Marlin E. Kraus	se - 215 W. I	Edgevale Rd:
18. 4. = 4. / 14 / 70	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	/	1		ONSET AND DEATH
LEADING TO DEATH	(A)	esperator pe	eemenica	28 temps
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		V		3
injury or complication which caused death.)				150
ANTECEDENT CAUSES	(B) Co-	uste CHF	Lessey	
DISEASES OR CONDITIONS, if ony, gi				
rise to the above cause (A) stating	-			
UNDERLYING CONDITION last.				
_ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		4	-1.0	03
	1) read	corecurous.	for action	red 6 spens.
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDÈRED USES OF DEATH?
E 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Yes		
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or	ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At Not While At Work			
			1	1113/65
22. I certify that (I) (this hospital) attend	1 /		.19ta!	1/10/65 19
that (1) (10 last saw the deceased alive	on 11/10/65	19and t	hat In(my) (nian death accurred an the date
and have and from the causes stated above	re. (1) (*)e) (did) (d id not) v	riew the bady after death.		
23A, SIGNATURE	Λ			23B, DATE SIGNED
Stand (Contin	M.D. Atte	ending Med. Director	Stoff Phy s	11/10/65
23C.PHYSICIAN'S	M	23D. ADDRESS		
NAME (Type)	M.D.			224
Dr. David Curti	S	4940 Easter	AA TO ED VIO	Baltimore, Md.
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRI	EMATORY 24D.	LOCATION (Ci	ty, town, or county) (Stote)
Burial Nov. 15, 1965	Crest Lawn Cem	etery H	oward Co., M	aryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
MUN TO 1302 OF Call & E	, Javoban RP	GEORGE J. G	ONCE 4001 R	itchie Hgwy.
VS 150-REV. 1/1/65			*	

- 27 . Echevale ed.

State LT voice

written approval must be obtained before the remains are embalmed or final disposition is made.

Such

to death.

prior

on the

65	4	4	6	Salaha Salaha	9
	_1	and the	00		4.00

		65	11619	BALTIMORE CITY	HEALTH DEPARTMENT			
M.E	H NO.		LLULO	CERTIFICA	TE OF DEATH	Registered No	OU TITO	9
Typ	AME OF DECI		LEE VAN	DYKE		11-12-65		9.20P M
	FULL NAME OF DEA HOSPITAL OR NSTITUTION H	F (If not i	n hospital or instituti ar location) S HOPKINS	on, give street S HOSPITAL	A. USUAL RESIDENCE (WA. STATE B. COL MARYLAND C. CITY OR TOWN (II BALT I MORE D. STREET ADDRESS 701 HOMES	JNTY outside city limits, write	e RURAL ond give	
5. S	ALE	6. RACE WHITE	WIDO	NEVER MARRIED WED, DIVORCED (specify) RRIED	B. DATE OF BIRTH 4-28-85	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
don I	oduring most of von Surance FATHERS NAM	working life, ever	an Met	o of Business or industry	Baltimore, M	aryland	12. CITIZEN O	F UNTRY?
15. (Ye	Wos Deceosed	Ever in U. S.	Armed Forces? wor or dotes of servi	1 6. SOCIAL SECURITY NO.	Mrs. Grace H.		701 Homest Baltimore,	ead St.
	(This does n heart failure, injury ar com DISEASES C rise to the	LEADING TO al mean the asthenia, etc. aptication which ANTECEDENT OR CONDITION	made of dying, II means the dise th coused deoth.) CAUSES DNS, if any, gives (A) stating	(B) AS	iti hyveard SCVD	id Tagone		and death
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE BUSINESS OR CONDITION CAUSING IT.				jouronia	,		
AL CERTIFICATIO	19 A. DATE OF 21 A. ACCIDEN OR CONTRIBL DEATH (notify	NT WAS UND	WAS PERFORMED ERLYING SE OF	OR WHICH OPERATION 218 PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?		E FINDINGS CONS AUSES OF DEATH ore City, give exac	
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Do		21E. INJURY OCCURRED While At				
	that (I) (we)	lost sow the	deceased olive	e. (I) (We) (did) (did not) v	19 65 ond			curred on the dot
	23 C. PHYSICIA	holas J.	· Tortun	Phy	ending Med. Director 23D. ADDRESS	Stoff Phys.	11.12	1.61

NICHOLAS J. FORTUIND

HOPKINS HOSPITAL JOHNS

24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

24D. LOCATION (City, town, or county)

Burial 11/16/1965 Holy Redeemer Ceme tery Baltimore,

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

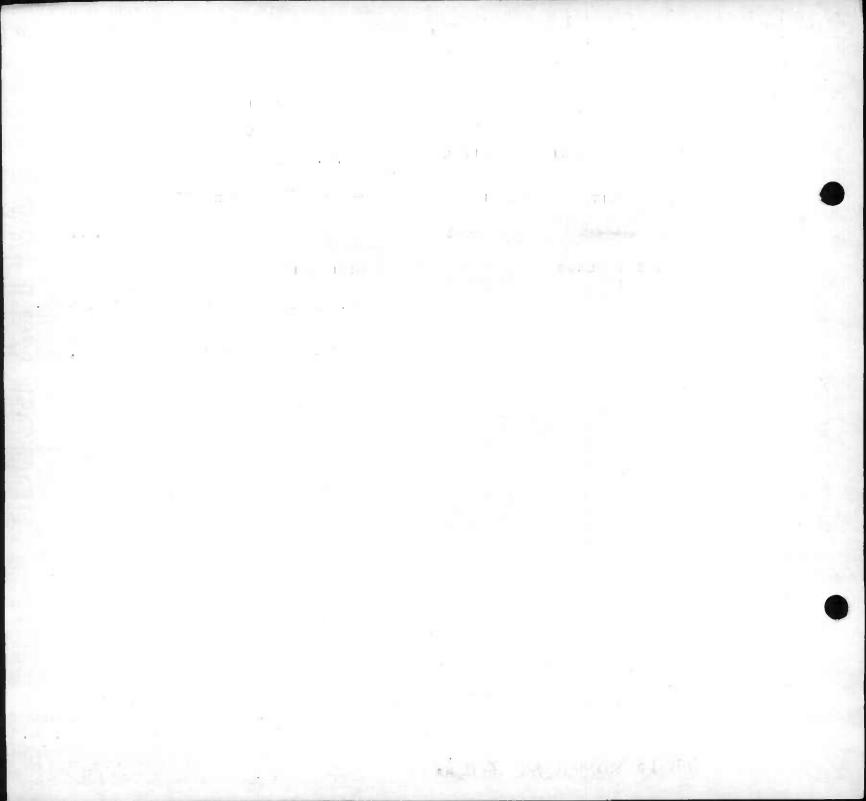
N NOV 1 5 1965 Ochur 2. Technical Win & Jechnical Son

Maryland

VS 150-REV. 1/1/65

(Stote)

BIRT	H NO.	65	1162		HEALTH DEPARTMENT	Registered Na.	65 11620
1. N	AME OF DEC	EASED 1116	0 1 1		2. DATE	AND HOUR OF DEATH	1
(Тур	e or Print)	NICH	OLH	VOVL	KOJ NO	U, 13, 1963	r 6:55Pm
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If ins	titution: residence before odmission)
ŀ	FULL NAME OF	F (If not in hospital oddress or location	or institution, (give street	PENNSYLVA		URAL ond give township)
-	143111011014				CONNELLSV	ILLE	
5	THE JO	HNS HOPKIN	s Hest	PITAL	P.O. Box	(If rurol, give location) 618	-
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	MALE	WHITE	MARRI	DIVORCED (specify)	3-25-96 -93	lost highday) 72	Months Doys Hours Min.
IOA.	USUAL OCCL	JPATION (Give kind of work			11. BIRTHPLACE (State or fo		12. CITIZEN OF
done		working life, even if retired)	D . 1	0	(The sole of the		WHAT COUNTRY?
10	Owner FATHER'S NAM		Resta	urant	Turkey 14. MOTHER'S MAIDEN N	I A A A E	U.S.
					14. MOTHER'S MAIDEN N	IAME	
	VOULKO	S VOULKOR			CHRISOPIGE		
5, \	Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Bo	x 618 ADDRESS
		in yes, give wor or dole	S OF SCIVICE	SECORITI NO.	Mrs. Angeline		nnellsville, Pa.
_	NO 18.	1 40		CAUSE O		. 04400	INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIE	RECTLY	+0.0	/2		ONSET AND DEATH
		LEADING TO DEATH		WIRM	WITHONAL CE	ELL CARUMA	A > 1/2 48AW
		ol meon the mode of		DUE TO	SIDONAL CL RINARY B MET	MANGO	
		osthenio, etc. II meons		d.	VICITUATES B	LAUUER -	
		ANTECEDENT CAUSES		(B)	MET	HJ14116 70	
		R CONDITIONS, if		DUE TO	PELVIS	LIVER	
		obove couse (A)		(C)			
	UNDERLYING	CONDITION lost.		**************			
NO	OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING	G			
ATIC	TO THE D	EATH BUT NOT RELA	ATED TO TH				
RTIFIC/	19A. DATE OF		DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE F	INDINGS CONSIDERED
CER	21A, ACCIDEN	IT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
_1	OR CONTRIBU	TING CAUSE OF medical examiner	hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	·	ony, give exact tooman
EDI	21 D. TIME	(Month) (Day) (Yeor)	(Haur) 21 E.	INJURY OCCURRED	21 F. HOW DID 1	NJURY OCCUR?	
Š	OF INJURY (APPROX.)			le AT Not While	e T		
		0	Wo		5 600 13		
	22. I certify	that (1) (this haspital	l) attended tl	he deceased fram	301, 13,	19 6 J to	NOV. 13 1965
	that (I) (we)	last saw the decease	ed alive an	NOV. 13,	19 6 J and	that in(my) (aur) apin	lan death accurred an the date
	and hour and	from the causes stor	ted abave (I	D(Wel (did)) did not) v	iew the bady after deat	h.	
	234. SIONATU		1		ion the body error door		23 B. DATE SIGNED
	1	and last	10/11	M.D. Atte	ending Med.	Stoff [1011/12/10/1
	7	and of	Jour		mding Med. Director	Stoff Phy s.	1000,13,1965
	PHYSICIA	(Bel			23D. ADDRESS	2 401 41	n. e
	(1	JOSEPH D.	SCHMI	IDT M.D.	60/ N. B	ROMUMT	ISACTO. MD
24 A	REMOVAL	MATION, 248. DATE 11/14/6	24C. N	enwood		heeling (Cir.	y, town, or county) (Stote) W. Va.
F	Removal	BY HEALTH DEPT.					
25A	NOV 1	F MOOF A	6 8 F	of REGISTRAR	25C. FUNERAL DIRECT	Suy Sous Me	Nach fit are
√S	150-REV. 1/1/6		1 10	16	3 3 0		



			BALTIMORE CIT	Y HEALTH DEPARTMENT		np-
BIRTH NO. M.E. CASE NO.	65 116	21	CERTIFICA	ATE OF DEATH		55 11621
1. NAME OF DE					HOUR OF DEATH	
Jı	unius David		1		8, 1965	
B. PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND		A. STATE B. COUNT	deceosed lived. If i	institution: residence before odmissi
FULL NAME HOSPITAL OR INSTITUTION	oddress or locotio	n)			ide city limits, write	RURAL ond give township)
0	2517 Lauret	ta Ave	•	Baltimore		
0					urol, give location)	
				2517 Lauret		
Male	6. RACE Negro	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify) Married		AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	CUPATION (Give kind of world working life, even if retired)	10B. KIND C	OF BUSINESS OR INDUSTR		n country)	12. CITIZEN OF WHAT COUNTRY?
				Marylar	nd	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM		
Ua	nnw Di			Sarah Her	שייו	
5. Wos Deceose	rry Dixon od Ever in U. S. Armed For vn) (If yes, give wor or date	ces?	1 6. SOCIAL	17. INFORMANT	J	ADDRESS
Yes, no of unknow	vn) (If yes, give wor or date	s of service)	SECURITY NO.	Alfred Dixor	1117 W	hitelock St.
18. 4 = 6	200		CAUSE	OF DEATH	* TTT (**	INTERVAL BETWEEN
(2) 6	ASE OR CONDITION DI	DECTI V		,		ONSET AND DEATH
	LEADING TO DEATH	(A) C	nomente Cy	Liver	6mB	
	not mean the mode of , osthenia, etc. It means	p., DUE TO	/			
	implication which coused		On	a must a	Ram	3 mis
	ANTECEDENT CAUSES		(B) DUE TO	4018416 -1	7	
	OR CONDITIONS, if					
	he obove couse (A)	stating Ih	e (C)		÷	N
O TO ENETTIN	11					
	NIFICANT CONDITIONS					10.5
DISEASE OF	DEATH BUT NOT RELA		HE			
19A. DATE C	OF OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
_ OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF	ho	B. PLACE OF INJURY (e.g., ome, form, foctory, street, c.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact location)
OF INJURY	(Month) (Day) (Year)		E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX)			Vhile At Not Wh	ile 🗌		
22. I certif	y that (1) (this hospita	1) attended	the deceased from	5-10-65 1	9 to 1	11-8- 196
						inian death accurred an the
					11 m(my) (001) ap	inian death accurred an the
		ted obove.	(I) (We) (dld) (dld nat)	view the body after death.		DATE CICHED
23A. SIGNAT	URE	1	7	stending Med.	Stoff [23B. DATE SIGNED
23C. PHYSICI	In apple	Xilly	M.D. At		Phys.	11/13/65-
NAME	vous Klin	Phi	1/23 M.O	1	shen of	But my
24A. BURIAL CR		24C.	NAME of CEMETERY OF C	REMATORY 24D, LO	CATION (C	City, town, or county) (Stote
Buria			rbutus Mem.		butus, Mo	d.
ZDA. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	1 1	ADDRESS
NOW 1	5 1065 A A A	4 4	e Handa	Ellera. 21 1.	1. 1340	11 1.11. 54

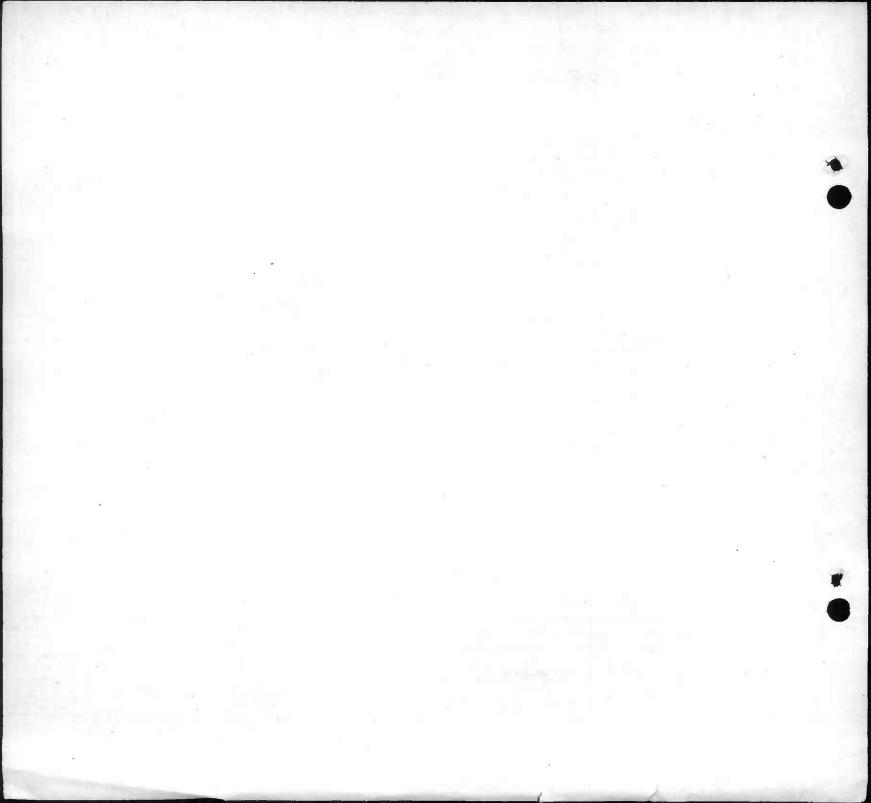
3/65 Arbutus 25B. NAME OF REGISTRAR 4 & Falluma Mem.

1965 0. VS 150-REV. 1/1/65

The state of the s and the same of the contract o

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death-shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

SIRTI	H NO. 65 11622	CEDTIFICA	TE OF DEATH	Registered Na					
	CASE NO. AME OF DECEASED	CERTIFICA		D HOUR OF DEATH	5 11622				
	e or Print)	DSON	nov.	. 161	1/130 P				
3. PL	LACE OF DEATH IN BALTIMORE, MARYLAND	<i>p.50</i> ,q	4. USUAL RESIDENCE (When	e déceosed lived. If	institution: residence before admission				
EI	ULL NAME OF (If not in hospital or institu	41	maurloine-	"	5-11				
H	ULL NAME OF (If not in hospital or institution) OSPITAL OR oddress or location)	non, give sheet	C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)				
17	Lutheran Hise	jutal of	Baltemare	-					
6	maurland		D. STREET ADDRESS (II	rural, give location)					
			2714 Baken	, HC.					
SE	WID	OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hr. Months Doys Hours Min.				
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY?				
			Baltimore 1	nd.	11.5.4				
3. F	ATHERS NAME		14. MOTHER'S MAIDEN NAM	1					
	Robert Thomas	01/	Ngomi H	011.5					
5. W	Vos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS				
	, , , , , , , , , , , , , , , , , , ,	SECORITI NO.	Napan: The	2	714 R- Val St				
1	18. 2 5 3 0 1.	CAUSE O	F DEATH	DAON.	INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY	1+	- 9 1 -		ONSET AND DEATH				
	LEADING TO DEATH	(A).	ur Epplepti	cue					
	(This daes not meen the made of dying, heart failure, asthenia, etc. It means the dis-								
	injury at camplication which caused death.)								
	ANTECEDENT CAUSES	DUE TO		· · · · · · · · · · · · · · · · · · ·					
	DISEASES OR CONDITIONS, if any, g rise to the above cause (A) stating								
	UNDERLYING CONDITION last.								
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBETO TO THE DEATH BUT NOT RELATED TO								
CAT	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	1 200 IE VEC WEB	E EINDINGS CONSIDERED				
RTIF	WAS PERFORMED				E FINDINGS CONSIDERED AUSES OF DEATH?				
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examinet)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(11 in Baltime	ore City, give exact locotion)					
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?					
2	(APPROX)	While At Not While At Work							
	22. I certify that (I) (this hospital) attended the deceased fram Nov. 11 1965 to Nov. 11 1965								
	that (!) (we) last saw the deceased alive an Mr. 11 19 65 and that in (my) (our) apinian death accurred an the da								
- 1	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.								
- 1	23A. SIGN ATURE	(((((((((((((((((((me see, and adding		23B. DATE SIGNED				
	Marga 1. Evenuel.	The M.D. Atte	ending Med. Director	Stoff Phys.	nov. 11/65				
7	Mureux C, Wangelis M. D. Affending Med. Director Phys. 1/65 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 1/65								
		ELISTA M.D.	underan 1	my	7 mayeans				
4A.	BURIAL CREMATION, 248. DATE 2.	C. NAME OF CEMETERY OF CRE	EMATORY 24D. L	OCATION	City, town, or county) (State)				
7	Buxic / 11-16-60	my Calver	v Cem An	INE Avai	110/ Co. Md				
5A.	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		VDDKE22				
	NOV 15 1965 Robert 2.	Jane 1	Along &	Kelen 13,	48N. Callion St				
	50 DEN 1/1//5								



Horse A. Pelar 1348 N. Colhon St

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV, 1/1/65

Robert E. Farkuns

Birth Cert. for deceased # 8210 Wash. D. C. 11-18-65

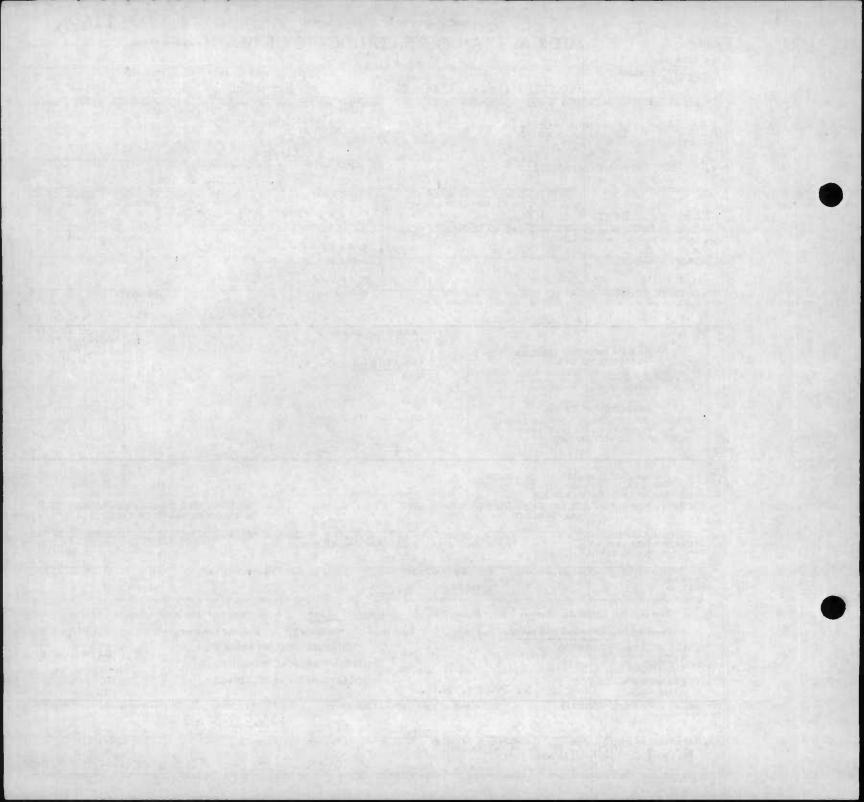
5	5	-	3	0

1. 1	NAME OF DECEASED	Y C.	SMITH	2. DATE A	nd hour pronounce 11/12/	6:30 p.
3. F	LACE IN BALTIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (When	R. COU	itution: residence before odmissic
HO	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	L OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (If outs	de corporate limits, write	RURAL ond give township)
12	TITUTION			Baltin	nore	5-10
ľ.	0			D. STREET ADDRESS (If rure	l, give location)) ()
4	Lutheran Ho	spital		2013	Dukeland St.	
. S	female colored		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
	USUAL OCCUPATION (Give kind of work	108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
on	e during most of working life, even if retired)			Maryland		U.S.A.
3.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AE	000000
	William Y	Ollna		Mary Bee		
5,	WAS DECEASED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	The state of the s	ADDRESS
	No orunknown) (If yes, give wor or dote	s of service)	218-10-5784	Charles Smi	th 2013 Di	ukeland St.
	heart failure, asthenia, etc. It means injury or complication which coused a	deoth.)	DUE TO			
TIFICATION	hear failure, ostherio, etc. It means injury or complication which coused to ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) SI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	the discose, deoth.) S NY, GIVING THE CONTRIBUTION TO THE	(B) DUE TO (C)	rheumatic hear	: disease	
CEKTIFICATION	ANTECENDENT CAUSE ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI	the discose, deoth.) S NY, GIVING TATING THE CONTRIBUTION TO	(C)	rheumatic heart		
CALC	ANTECENDENT CAUSE ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	the discose, deoth.) S NY, GIVING (ATING THE CONTRIBUTION FOR FORMED 218.	(C)	20A. AUTOPSY? (Yes or No	DO 208, IF YES, WERE FILL IN CERTIFYING	SES OF DEATH?
MEDICAL CERTIFICATION	ANTECENDENT CAUSE ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)	the disease, death.) S NY, GIVING TATING THE CONTRIBUTIL ATED TO T i.I. DITION FOR FORMED 218. home etc.)	(B) DUE TO (C)	20A. AUTOPSY? (Yes or No yes in or obout 21C, WHERE DID ffice bidg, INJURY OCCUR?	208. IF YES, WERE FII IN CERTIFYING CAU	SES OF DEATH?
EDICAL C	ANTECENDENT CAUSE ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.) 22. I certify that I held an In resulted from: Notural cause ACTUAL SIGNATURE EXAMINEP'S	the disease, deoth.) S NY, GIVING (ATING THE CONTRIBUTIL A TED TO T IT. DITION FOR FORMED 21 B. home etc.) (Hour) Quies X A	(B) DUE TO (C)	20A. AUTOPSY? (Yes or No yes in or obout 21C, WHERE DID ffice bidg, NJURY OCCUR? 21F, HOW DID IN WHILE ORK	O 20B. IF YES, WERE FILL IN CERTIFYING CASULATION OF CITY, give the basis, death in multiple of the basis of the bas	SES OF DEATH? ive exoct locotion) my opInion
MEDICAL C	ANTECENDENT CAUSE ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PERI 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.) 22. I certify that I held an in resulted from: Notural cau ACTUAL SIGNATURE EXAMINER'S	the disease, deoth.) S NY, GIVING (ATING THE CONTRIBUTIL ATED TO T IT. DITION FOR FORMED 21 B. home etc., (Hour) uses K 2 L 23	(B) DUE TO (C)	20A. AUTOPSY? (Yes or No. 1988) in or obout 21C, WHERE DID office bidg, NJURY OCCUR? 21F. HOW DID IN OPSY ON	O 208. IF YES, WERE FILL IN CERTIFYING CASULATION OF CITY, give the second of the seco	SES OF DEATH? IVE exoct locotion) Thy opinion or DATE SIGNED 11/13/65 Town, or county) (Stote)

AND WHILE 216-10-730 Charles Sales Sold Constone Bu tal promiting the property of the test of the same and M-625

HEALTH DE	:PARIMEN
l	HEALTH DE

BIRTH NO. MEDI	CAL EXAMINER'S CI	ERTIFICATE OF	DEATH Register	red Na
M.E. CASE NO.				
1. NAME OF DECEASED	**** - NODG IN		ND HOUR PRONOUNCE	
DORTE			mber 12, 196	/VI.
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If insti	tution: residence before admission
FILL NAME OF THE NOT IN HOSBITA	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	Maryland		
HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outsi	de corporote limits, write	RURAL ond give township)
INSTITUTION		Baltimor	0	1
Bon Secour Hospit	ra1	D. STREET ADDRESS (If ruro		000
Jon Beeser Hospi.	- 4		Fayette Stre	et
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	WIDO WED, DIVORCED (specify)	6/21/01	lost birthdoy	Months Doys Hours Min.
Male Negro	DIVERCED	8/20/19/5	45 41	
to A. USUAL OCCUPATION (Give kind of work dong during most of working life, even if retired)		1		12. CITIZEN OF WHAT COUNTRY?
LABOREL	GEN. CONTRACTO	NASHVILLE	N,C	u.S.A.
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM	A E	
ENREN MORG	: AN	WILLE		
15. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.		1	
VES WWI		CRNESTINE!	XAWSON 19	119 w. MULBERRY
ys. 11 10 %.	CAUSE	OF DEATH	CONTRACTOR OF THE PARTY OF THE	INTERVAL BETWEEN
DISEASE OR CONDITION DIE	DECTI V			ONSET AND DEATH
LEADING TO DEATH		Pneumonia.		
(This does not meon the mode of	dying e.g., Dile to	Licamonica		•••••••••••••••••
heart failure, asthenia, etc. It means injury or complication which caused a	deoth.)			
ANTEGEN BENT GAUGE				
DISEASES OR CONDITIONS, IF A	(R)	***************************************		
RISE TO THE ABOVE CAUSE (A) ST	ATING THE			
UNDERLYING CONDITION LAST.	(C)			CARL STATE
<u> </u>				
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
TO THE DEATH BUT NOT REL	LATED TO THE			
DISEASE OR CONDITION CAUSING		20A. AUTOPSY? (Yes or No	LOOP to VCC WCDC PIA	UDINGS CONSIDERS
19A. DATE OF OPERATION 19B. CON WAS PER!			IN CERTIFYING CAUS	
		Yes		
✓ 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218, PLACE OF INJURY (e.g., home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Boltimore City, giv	ve exact location)
UNDERLYING OR CONTRIB-	etc.)			
21D TIME (Month) (Doy) (Year	Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	WHILE AT NOT	WHILE		
	m. WORK AT W	ORK		
22. I certify that I held an Ir	nquiry Inspection Aut	opsy X and that an th	nis basis, death in m	ny apinian
resulted fram: Natural cau			Undetermined manne	
resulted from: Notoral cat	JUISTA ACCIDENT JUISTA			
ACTUAL O/	0 (CHIEF MEDICAL E		DATE SIGNED
SIGNATURE	rule I telly M.D.	ASSISTANT MEDICAL E	XAMINER X	
EYAMINER'S	s S. Petty, M.D.	ASSOCIATE MEDICAL E		1 1/12/65
23A, BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY O	CREMATORY 230.	LOCATION _ Cir.	town or county) (Stote)
REMOVAL (Specify)	1	0/	YRING HE	pp al n
KEMOUAL 11/16	1965 UPRING JO	10pt NA	NO SECOND	NIC
244. DATE REC'D BY HEALTH DEPT	248 MAME OF REGISTRAR	24C. FUNERAL DIRECTO		ADDRESS
MON 12 1200 Office	el C. Com	Mangall F	5. 11ams 17	FN GILMOR SO
		Jangun /	NA 62	0 10 6 1 7 7 7 1 1

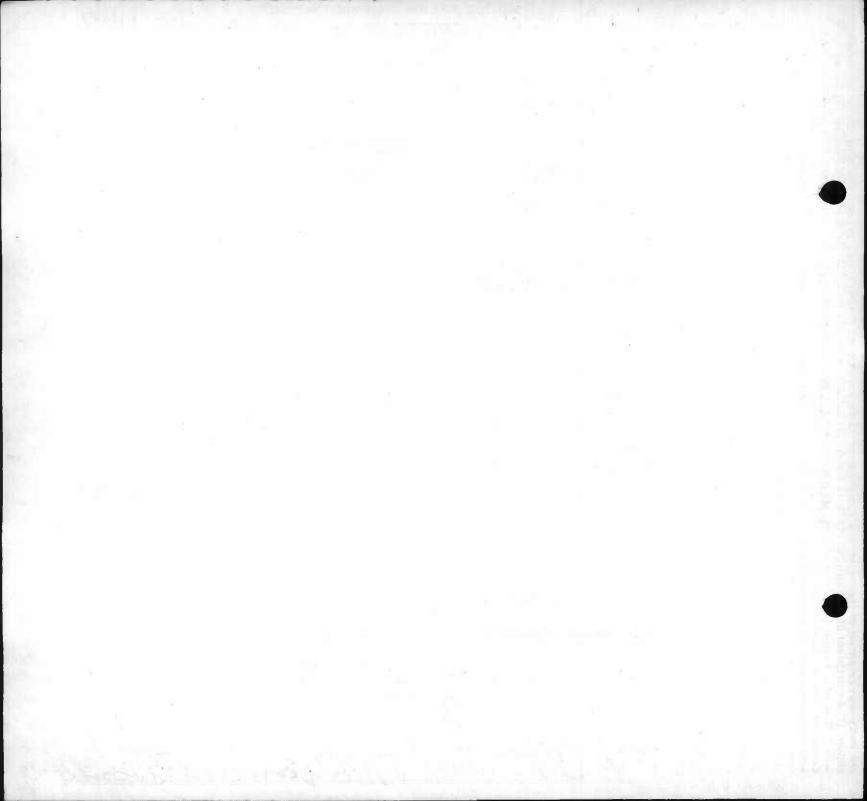


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	ANDREA 65 MILESO BALTIMO	DRE CITY HEALTH DEPARTMENT
8	BIRTH NO. Political on Authorized by CERTI	FICATE OF DEATH Registered No. 65 11626
1	M.E. CASE NO. M. Barrier	2, DATE AND HOUR OF DEATH
(WILBERT (NILBERT) (JACK	SON 11-13-65 11 45 PM
3	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
1	FULL NAME DF (If not in hospitol or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
7	4 BON SECOURS HOSPITAL	BALIMORE
	BALTIMORE 23, Md.	D. STREET ADDRESS (If rurol, give location) 222 2 N. Mount
5	5. SEX 6. RACE 7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (sp.	
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN	
	Un Em p (0/4)	MARYLAND WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JAMES JACKSON	JONES LDA
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIATION N	O. 17. INFORMANT ADDRESS
	MD SE SE	InuaM. 11 FEB 53000 HI38 ASIJ
	DISEASE OR CONDITION DIRECTLY	AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	Pulmonary atelectaris : Premonia - Rrs
	(This does not meon the mode of dying, a.,	10
	injury or complication which coused death.)	Be madia of Ti
	ANTECEDENT CAUSES	Name of the state
	DISEASES OR CONDITIONS, if ony, giving	77 - 2
	rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	Helerio salvotic coronery artery disease
	OF DETAIL SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	DISEASE OR CONDITION CAUSING IT.	100
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	ш	RY(e.g., in or oboy 21C. WHERE DID (If in Baltimore City, give exact location)
		street, office bldg, INJURY OCCUR?
	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCUP	RED 21F. HOW DID INJURY OCCUR?
	While At	Not While
	Wolk L	At Work
	22. I certify that (I) (this hospital) ottended the deceosed fr	
	that (I) (we) lost sow the deceased alive on	5
	and hour and from the couses stoted above. (1) (We) (did) (di	
	23A. AGN TUR	A.D. Attending Med. Stoff
	I wou HHar I'M	Phys. Director Phys. C.
	23C.PHYSICIAM'S NAME (Type)	22D. ADDRESS
	OHILLIDH. HAY	TATIPED LANGUS LOOP 11A
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	
1	Bund 11/17/65 ThA AU	BURN BALTOM)
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
1	NOV 15 1965 Report & Farley MA	mangan plays (35 × 6 m mor 5 L
V	V\$ 150-REV. 1/1/65	10-1-A-2-6 6

SALTMAN 22 has Personally attention from E Marchael Carlotte - Alexan courts being

	65 1162	BALTIMORE CITY	HEALTH DEPARTMENT	() po-	44000
BIRTH N	NO.		TE OF DEATH	Registered No.55	1162/
1. NAM	ASE NO.	6. 17)	2. DATE AN	D HOUR OF DEATH	
lype a	ir Print) Chiniles	KhVh	e no	N. 8.196.	
PLA	CE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (When	e deceased lived. If institu TY	tion: residence befare admission
HOS	L NAME OF (If not in haspital or insti	tution, give street	C. CITY OR TOWN . If out	side city limits, write RUR	Al and give township
INZI	1504 Cha	atslake and	1-01/16	ecopost	21/1/2
0	1200		D. STREET ADDRESS	rural, give/lacation)	710(2)
			13/1/4	In one	26 mid
. SEX		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)		9. AGE (In years If M.	Under 1 Yr. If Under 24 Hrs. anths Doys Hours Min.
	UAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at farei	gn country) 11	2, CITIZEN OF
one du	ring mast of warking life, even if retired)	who are	Thastoria	in C.	WHAT COUNTRY?
3. FAT	HERS NAME	C C CYCZY	14 MOTHER'S MAIDEN NAM	ME	01 311
	Jim HAND	127/	ROVER	Hond	ouson
5. Was	Deceased Ever in U. S. Ahmed Forces?	rvice) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, , , ,	SECORITI NO.	1501111	0840016	217 WIG
18.	5-80YI	CAUSE O	F DEATH	of the like	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY	A	1 1/2	1/	ONSET AND DEATH
	LEADING TO DEATH	(A) /	cute Hep	ATATES	140,
(Th	nis does not meon the mode of dying, ort foilure, osthenio, etc. It meons the di	e.g., DUE TO	1 1	g*n nji v v n nji v v n n ji v n nigo n ngivi n ava a a a a a a a a a a a a a a a a a	் இ ல்கு இது இது இது இது இது இது இது இது இது இத
	ury ar camplication which coused death.		range Pullum	n/04/2 9	1/1
	ANTECEDENT CAUSES	(B) DUE TO	NX COLLENO VI	to I conare	
	SEASES OR CONDITIONS, if ony,	giving	4-1 400	f-10	121
	e lo lhe obove couse (A) slating NDERLYING CONDITION lost.	g the (C) 1111	Mary fil sale of	1-1124001	1475
	H H				9
OTO	THER SIGNIFICANT CONDITIONS CONTRI	BUTING			
A DI	THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT.	O THE			
MALE DIA	A. DATE OF OPERATION 198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 208. IF YES, WERE FIND	INGS CONSIDERED
44	A ACCIDENT WAS INDESTRUCTED	218 84 4 65 65 111111111	1216		
OR	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examinet)	218. PLACE OF INJURY (e.g., in hame, larm, factory, street, all etc.)	n ar about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimare Cit	y, give exact lacotion)
210	D. TIME (Manth) (Day) (Year) (Haus	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S Or	INJURY PPROX.)	While At Nat Whil	• 🗆		
22	1	Wark Al Work		-100 100	1-0-
	I certify that (I) (this hospital) atter	2 01		9 113/ to	19
	at (I) (we) last saw the deceased aliv		· /	at in(my) (aur) apinion	death accurred on the dat
	d haur and fram the causes stated abo	ove. (1) (We) (did) (did nat) v	iew the bady after death.		
23A	. SIGNATURE		nation or Attack		B. DATE SIGNED
	THAN 16 1	Phy	s. Director	Staff Phys.	1-10-65
23 C	NAME (Type)	Lisel- M.D.	23D. ADDRESS	rala D	
24A. BL	JRIAL CREMATION, 1248, DATE	24C. NAME OF CEMETERY OF CRE	MATORY DAD IO	OCATION (City, to	awn, ar county) (State)
RE	MOVAL (Specify)	1467	1) 1	3 00 0	1
X	Juna 1013/65	my Calvary	premotey (R-(d(b	prod
25A. D		AME OF REGISTRAR Farry M.D.	SEC. FUNERAL DURECTOR	1100.170	The ADDRESS
	TUY IN INUS FILES, IN C	- NULLANGEN SPEE 1	7/1 FEEUX / /		* (W.) - // Andrew / V
	-REV. 1/1/65		VACCOG 2-V	Villams	Dand Al



hospital

IMPORTANT

FUNERAL DIRECTOR:

prior to death. Such

attendance on the

in regular deceased

MOS the

death

kind;

rect or contributing cause of death (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT

Ш		ATE OF DEATH Registered No.	65 11628
	E CASE NO.	2. DATE AND HOUR OF DEATH	1
	a as Pantl		
3.	Melvin Hilker	November 13	institution; residence before admission
		A. STATE B. COUNTY	
	FULL NAME OF (If not in hospital or institution, give street	Maryland Baltimore	2
	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
P	Baltimore City Hospitals	Dundalk	53-00
1	4940 Eastern Avenue	D. STREET ADDRESS (If rural, give location)	
	Baltimore, Maryland 21224	7566 Westfield Road	21222
5.	EX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
3.0	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
-	ale White Married	12-10-1916 48	
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR'	111. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
400	rane operator Eastern Stainless	Maryland	U. S. A.
13.	FATHER'S NAME Steel Co.	14. MOTHER'S MAIDEN NAME	0, 0, 1, 1, 1
	William Hilker	Annie Jones	
15.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	Yes, Navy, WWII 216-10-8244	PECOPDE DOTT LOLO E	A 07.00
_		RECORDS: BCH 4940 East	INTERVAL BETWEEN
	1651	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		7
	LEADING TO DEATH	ta / Ming	
	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,		
	injury or complication which caused death.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above cause (A) stating the (C)		1
	UNDERLYING CONDITION last.		<u>a </u>
	II .		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE		
CA	DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	IN CERTIFYING C	AUSES OF DEATH?
ER		100	
U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21C. WHERE DID (If in Boltima office bldg., INJURY OCCUR?	ore City, give exact location)
AL	DEATH (notily medical examiner) etc.)		
SIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
MEDI	OF INJURY		
-	(APPROX.)		
	22. I certify that (I) (this hospital) attended the deceased from	11/17/6 1 19 to	11/17 1965
	that (I) (we) last saw the deceased alive on ////		pinion death accurred on the dat
	/ / / / / / / / / / / / / / / / / / / /		omion death accurred on the dat
	and haur and from the causes stated above. (I) (We) (did) (did not)	view the body after death.	
	23A. SIGNATURE		23B, DATE SIGNED
		tending Med. Stoff Phys.	11/17/15
	12001	23D. ADDRESS	11/15/0)
	23C.PHYSICIANS NAME(Type)	AND AND RESS	

written approval must be obtained before the remains are embalmed or final disposition is made. or his assistant if death and (6) No physician was in regular attendance on (2) Body burns; (3) A fracture of any who pronounced the chief medical examiner examiner. physician medical was D.O.A. at a hospital (except where the 0 to the hospital shows: (1) An accident of any nature; deceased prior to death) the body was released

Moravec

Eastern Avenue Balto., Md.

OPAVEC M.D. 4940 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial

Nov. 16-1965 Beltimore National

Clayton

Frederick Rd. Catonsville, Md.

25C. FUNERAL DIRECTOR
John J. Duda 7922 Wise Ave. Dundalk, Md.

Dr.

la of day

		BALTIMORE CITT	HEALTH DEPARTMENT		AND LEVEL OF	
BIF	ятн NO. 65 11629·	CEPTIFICA	TE OF DEATH RO	gistered Na.	11629	-39
	.E. CASE NO. NAME OF DECEASED	CLICITICA	2, DATE AND HOUR OF DEATH			
	ype or Print)					
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	RG-8	4. USUAL RESIDENCE (Where dece A. STATE B. COUNTY	osed lived. If institut	ion; residence before	odmission)
	FULL NAME OF (If not in hospital or institution, give oddress or location) INSTITUTION	e street	C. CITY OR TOWN (If outside ci	ty limits, write RURA	L ond give township	
			Dwines Mich		53-0	0
1	CHILERSIAL GOSE	o charm	D. STREET ADDRESS (If rural, gi	ve location)		
5			Rosewood 811	2 Euler Av	SE. 4 FIC.	
5.	SEX 6. RACE 7. MARRIED, N			the wasse 116	Under 1 Yr. If Under the Doys Hours	ler 24 Hrs.
7		DIVORCED (specify)	120		nins Doys Hours	IAIIII*
10.	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cou	ntry) 12	. CITIZEN OF	
13.	one during most of working life, even if retired)		~		WHAT COUNTRY?	
10	NONE		14. MOTHERS MAIDEN NAME		O.3.H.	
13.	FATHER'S NAME			Page 1		
C	HEIDER BENID GEORGE		KAMAYN TIRE	TURBA	7	
	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	Ke	NONE	Mr. Charles D. Ge	eorge 81 8 2	Euler Ave	. 21207
	1B. 4 7 2 X 1	CAUSE O			INTERVAL BET	WEEN
5	DISEASE OF CONDITION DIRECTLY	ž			ONSET AND	EATH
3	LEADING TO DEATH	(A) Q	BI FULLED		24 Hour	-
	(This does not mean the mode of dying, e.g.,	AL EMILORS			177	
3	heort foilure, osthenio, etc. It means the diseased injury or complication which caused death.)					
	ANTECEDENT CAUSES	An (B) GEN.	1939 03511PSA	212190	,5 0 Bx	\$
0	DISEASES OR CONDITIONS, if any, giving	DUE TO				
5	rise to the obove cause (A) stating the	E ICI JE	OF BOR SOR TO	Y8 20	5 041	2
TION	UNDERLYING CONDITION Iosi.	DE INGO	STED FORBIGH	2377 977		
	, II < 4	No.				
	- I TO THE DEATH BUT NOT KELATED TO THE	O.E				
10	DISEASE OR CONDITION CAUSING IT.	UCH OBERATION	20A. AUTOPSY? (Yes or No.) 20B.	IE VEC WERE EIND	INGS CONSIDERED	
ERTIFIC	WAS PERFORMED	IICH OFEKATION	IN C	CERTIFYING CAUSES	OF DEATH?	
	21A. ACCIDENT WAS UNDERLYING 218. PL	ACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If in Boltimore City	y, give exact location	1
A A	OR CONTRIBUTING CAUSE OF home.	form, foctory, street, of	fice bldg., INJURY OCCUR?		(1	
2 0	Co	sewood It.	HOSP RUSEVICE		HOSPITAL	
NED OF W	OF INJURY	NJURY OCCURRED	21F. HOW DID INJURY O	CCUR?		
	(APPROX.) White Work	At Work	e 🗌			
	22. I certify that (1) (this hospital) attended the	deceased from 4	November 1965	10 11 No.	12 28 area	9 6 5
	that (I) (we) last saw the deceased alive an 11	HOUREBBE	19 65ond that in(
	and hour and from the causes stated above. (1) (
	23A. SIGNATURE	(we) (ala) (ala har) V	lew the bady after death.	72 R	DATE SIGNED	
	3, 6, 5	M.D. Atte	ending Med. Stoff			
5	Donald M. Dovuell,	Phy	s. Director Phys. I	11	Novares	18 146;
3	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		0	
24	Donald M. Ba rrick	M.D.	OHIVERS ITT HO	78-44F	- BAL41	ncre
	AA. BURIAL CREMATION, 24B. DATE 24C.NAM REMOVAL (Specify)	AE of CEMETERY of CRI	MATORY 24D. LOCATIO	ON (City, to	wn, or countyl	(Stote)
9		raine Park (Cemetery Balti	imore Maryl	and	

5 1965

258. NAME OF REGISTRAR

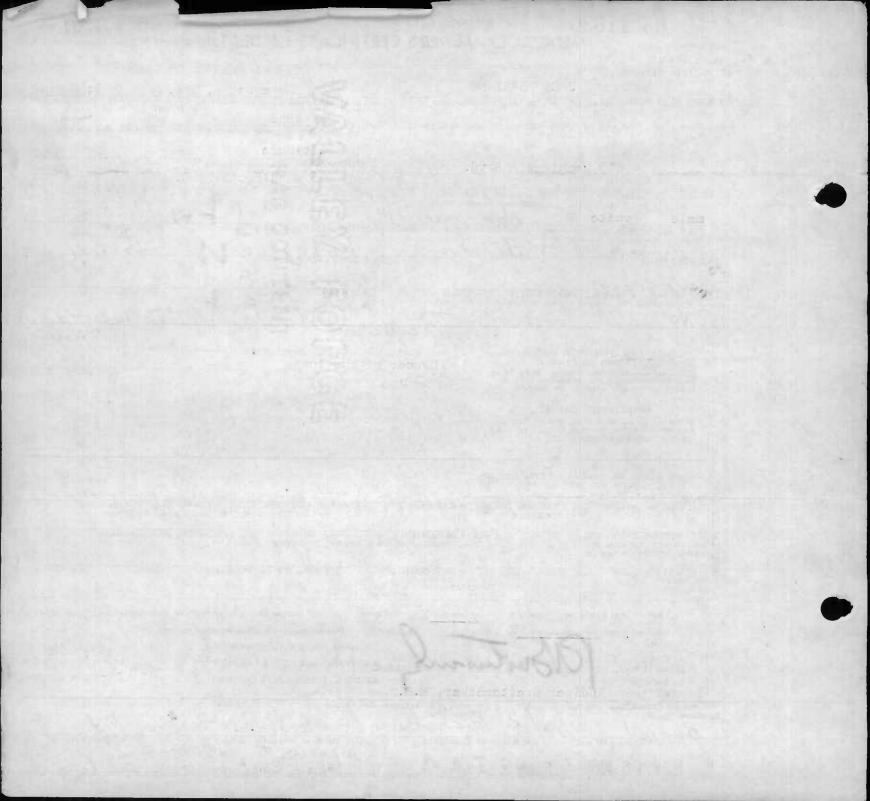
25C. FUNERAL DIRECTOR Cook-Brooks Inc. 1217 St. Paul St.

VS 150-REV. 1/1/65

ADDRESS

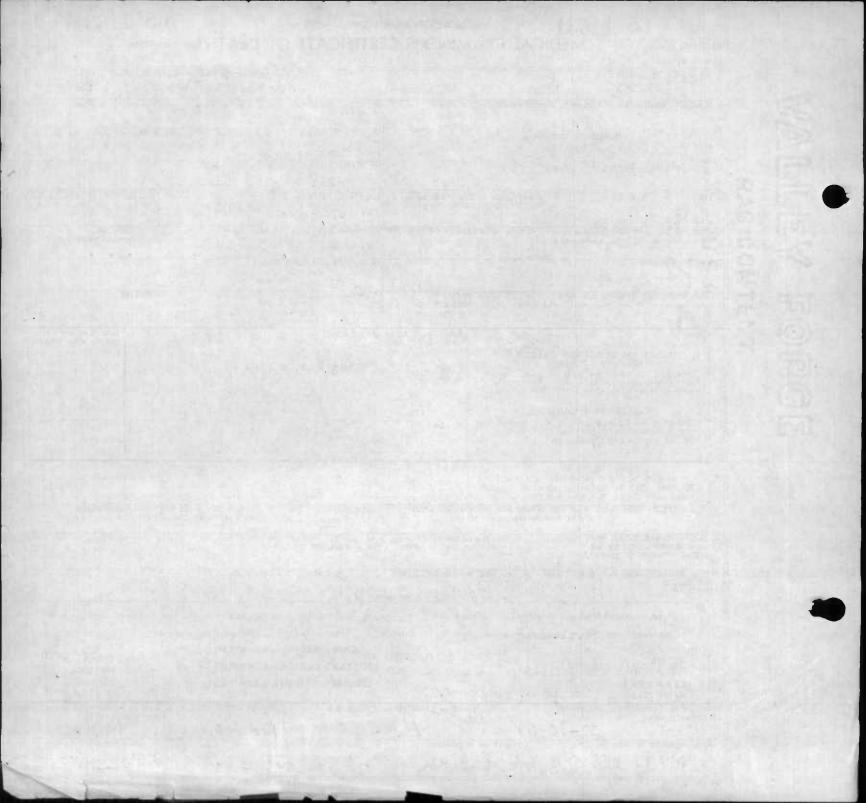
W-692

BIRT	H NO.		WFDI	CALEX	AMINER 2 C	EKTIFICAT	I E OF D	EAIH Register	red No		
M.E	CASE NO.							1021210			
	NAME OF DEC	EASED	JACK	MARKIA	.N	I I I I		ber 9, 1965	D DEAD	7:30	P _M .
3. P	LACE IN BALT	LAND, WI	HERE PRONOL	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland						
HO:	L NAME OF SPITAL OR TITUTION	(IF NOT II	OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOV	VN (If outside	corporate limits, write	RURAL a	nd give townsh	nip)
0		825 1	Washir	ngton Bl	vd.	D. STREET ADDI		give locotion) /	Ann. ()	-0	
5. S	EX	6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTI		9. AGE (In years lost birthday)		TYr. If Under Days Haurs	
10A.	male USUAL OCCU	white	kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	56 69 country)	12. CITIZ		-
dane	during most of v	vorking life, even	if retired)	B	-ler	Turk	PV		WHA	KAG & C	
13. [ATHER'S NAM	E		4201	C. Par	14. MOTHER'S M	AIDEN NAME		, ,	12/14/2011	
	Unk	newn				Unkn	nown.				
	, no or unknown)				16. SO CIAL SECURITY NO.	Philacto	chos 5	Society	ADDRES:	S /	-/
	1B, /				CALISE	OF DEATH	Nichola	s breek	1.1-66	INTERVAL BE	TWEEN
TION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)				of the lu	ings					
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							************			
	19A. DATE OF		WAS PERI	FORMED	WHICH OPERATION	no		20B. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DI	ATH?	
MEDICAL	UNDERLYING UTING CAU	OR CONTRIB.		21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. V	Y OCCUR?	lf in Boltimare City, giv	ve exoct l	ocotian)	
Σ	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK										
	1 certify that I held on Inquiry Inspection XX Autopsy ond that on this basis, death in my opinion resulted from: Notucal causes X Accident burcide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE FXAMINER'S ASSOCIATE MEDICAL EXAMINER 11-10-65										
REA	NAME (BURIAL CRE NOVAL (Specify A. DATE REC'D	MATION, 23E	DEPT.	24B. NAME	C. NAME of CEMETERY OF REGISTRAR	con CREMATORY Come 24C. FUNER (X - hc 304	ten &	Matthew tern Ave	town, or	Md. ADDRESS	(State)
VIC	161 DEV 1/1/	4.5							1		



5-536

		11 60			RALLIMORE CITY HEAD					TOOT	V
	TH NO. 65-14	201	WEDI	CALEX	(AMINER'S C	EKTIFICA	TE OF	DEATH Registe	red No		
1.	E CASE NO.	EASED					2. DATE A	ND HOUR PRONOUNCE	ED DEAD		
(Ty		OBIN	LE	SA AN	N SANDERS		Nove	mber 12, 196.	5	10:30	A
3. F	LACE IN BALTI	MORE MAR	LAND, W	HERE PRONO	JNCED DEAD	4. USUAL RES	IDENCE (When	deceased lived. If insti	tution: resid	ence before o	dmission)
FUI	LL NAME OF	(IF NOT I	N HOSPITA	L OR INSTITU	JTION, GIVE STREET	Ma Ma	ryland		V		
HO	SPITAL OR	ADDRESS	OR LOCA	TION		C. CITY OR TO	OWN (If outsi	de corporote limits, write	RURAL	d give townsh	ip)
,	Tohns	Hopkin	c Voca	i+01			1timore	l, give locotion)	0 0	2	
S	Jonns	порки	s mosp	ILAL				as Court			
5. 5	EX	6. RACE			NEVER MARRIED	B. DATE OF BI		9. AGE (In years lost birthday)		1 Yr. If Under	
1	Female	Negro			DIVORCED (specify)	JUNES.	1965	lost birmdoy)	Month's	Doys Hours	Min.
†0A	USUAL OCCU	PATION (Give			BUSINESS OR INDUSTR	1		ign country)	12. CITIZE	N OF COUNTRY?	<u></u>
don	e during most of w	orking life, eve	n if retired)	NO	IE	PATTI	ORE, I	ARYL ND		S. 2"	
13.	FATHER'S NAM	E				14. MOTHER'S	MAIDEN NAM	AE			
(COLLIE	SAMDER	RS			PEARL	PETT	US			
	WAS DECEASED s, no or unknown)				16. SO CIAL SECURITY NO.	17. INFORM AN	T		ADDRESS		
	NO				NONE	MRS. I	EARL S	ANDERS 251	DOUG	GLAS C	OURT.
	1B.	X.		i Diena	CAUSI	OF DEATH			7	INTERVAL BE	
	DISEAS	E OR CONE		RECTLY							
	(This does no	LEADING T of meon the		dying, e.g., the discose,	(A) Inter	stitial l	neumoni	a.			
	heart failure, injury or com	osthenio, etc.	h coused	the discose, deoth.)	000.10						
	Δ	NTECENDEN	IT CALLSE	c							
	DISEASES C	R CONDITI	ONS, IF A	NY, GIVING	(B)					•••••	
		G CONDITION		ATING THE							
NO					(C)						
H	OTHER SIGN	II IIEICANT CO	NDITIONS	CONTRIBUTII	NG						
SH	TO THE		NOT REL	ATED TO T							********
CERTIFICATION			198. CON	DITION FOR	WHICH OPERATION	20A. AUTOP	SY? IYes or No	208, IF YES, WERE FIR			
Ö	2		WAS PERI	FORMED		Ye	S	IN CERTIFYING CAUS	SES OF DEA	ATH? Ye:	S
3	21 A. EXTERNAL UNDERLYING			21 B.	PLACE OF INJURY (e.g.,	in or about 21 C.	WHERE DID	Ilf in Boltimore City, gi	ve exoct lo	cotion)	
EDICA	UTING CAUS			etc.)							
Σ	21D TIME OF INJURY	(Month) (D	loy) (Yeor	(Hour) 2	TE. INJURY OCCURRED	21 F.	HOW DID IN.	JURY OCCUR?	77		
	IAPPROX.)			m. V	WHILE AT NOT	WHILE					
	22.	ify that I he	ld on li	naulty 🗌	InspectionAu	topsy X	and that on t	his bosis, deoth in m	v oninlon		
		ed from: N			Accident Suicid			Undetermined manne			
	100011	00 1101111	~ /			No.	MEDICAL E				
	ACTUAL	1 6)/2	11.5	1 cets 40	ASSISTANT				DATE SIG	
	SIGNATU		- ~ ~	un •	M. D			EXAMINER		11/12/6	55
	NAME (T	ype) C	harles		tty, M.D.						
	MOVAL (Specify)		B. DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D.	LOCATION (City,	town, or c	ounty) (Stote)
	BURIAL	1	1-15	-65	MI. Hu	DYRA	1 6	AHO.		Md.	
24/	A. DATE REC'D				OF REGISTRAR	24C. FUNI	ERAL DIRECTO		A	DDRESS	
	NOV 1	5 1965	Roly	\$ 8 .	Farburns.	THE	HERTON	& DYETT	1701	Laure	ens S



of death

a hospital

Such

death.

prior

disposition

on the

attendance

regular

CERTIFICATE OF DEATH

2. DATE AND HOUR OF DEATH

11/12/65		12	:20 /
4. USUAL RESIDENCE (Where deceased fived A. STATE 8. COUNTY	If institution:	residence before	e odmissio
Maryland	6	0.1	

(If outside city limits, Write RURAL and give township)

D. STREET ADDRESS (If rusol, give location)

Baltimore, 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours tost birthdoy Married 8/7/87 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

Maryland OME 13. FATHER'S 4. MOTHER'S MAIDEN NAME

65 11632

(If not in hospital or institution, give street

Provident Hospital Division St.

Hall, Julia
3. PLACE OF DEATH IN BALTIMORE, MARYLAND

oddress or location)

BIRTH NO

M.E. CASE NO.

1. NAME OF DECEASED
(Type or Print)

FULL NAME OF HOSPITAL OR INSTITUTION

Johnson

ADDRESS

		Charles, Hall	(IIId.Se)	que Addres
DISEASE OR CONDITION DIRECT		Diabetes		INTERVAL SETWE ONSET AND DEA
(This does not meen the mode of d heart failure, osthenio, etc. It means th injury or camplication which caused d	ying, e.g., DUE TO e disease, eath.)			
ANTECEDENT CAUSES	(8) Arter	ciosclerosis		•••••••••••••••••••
DISEASES OR CONDITIONS, if an rise to the above cause (A) s UNDERLYING CONDITION last.	v giving	ene left foo) t	
OTHER SIGNIFICANT CONDITIONS CO- TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NTRIBUTING D TO THE			
19A. DATE OF OPERATION 19B. CONDI WAS PERFO		20A. AUTOPSY? (Yes or No.)	208. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	218. PLACE OF INJURY (e.g., in chome, form, foctory, street, officetc.)	or about 21C. WHERE DID NJURY OCCUR?	(If in Boltimore City	, give exoct locotion)
21 D. TIME (Month) (Doy) (Year) OF INJURY	Hour) 21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	154

65 and that in(my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive on...

ond hour ond from the course stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATUR

238, DATE SIGNED 11/12/65 Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

Baltimore, M.D. heodor

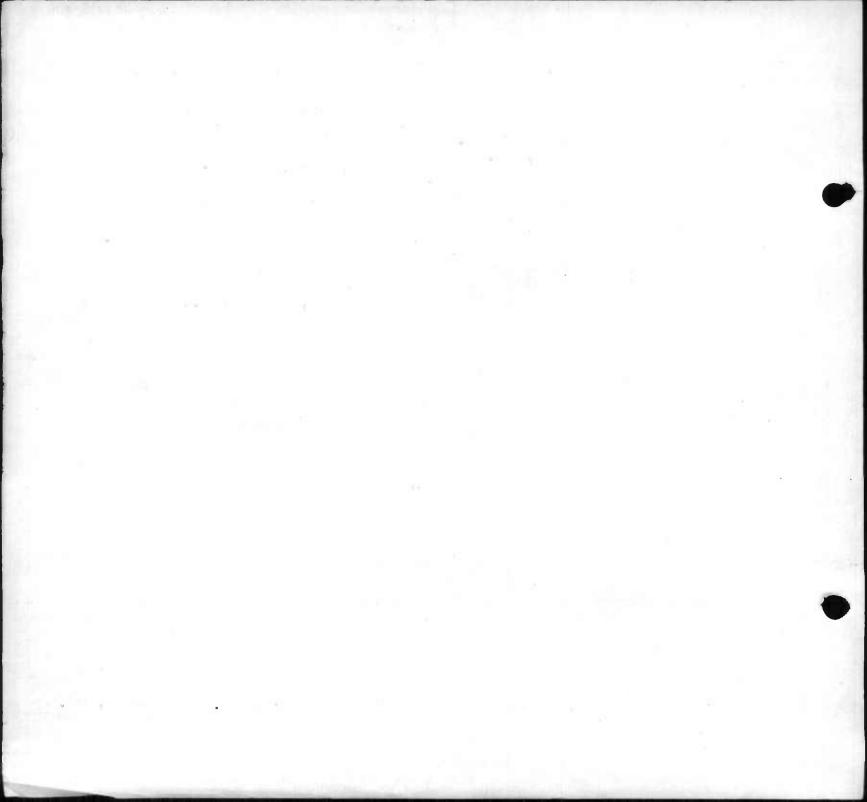
24A. BURIAL CREMATION,

ADDRESS 25C. FUNERAL DIRECTOR

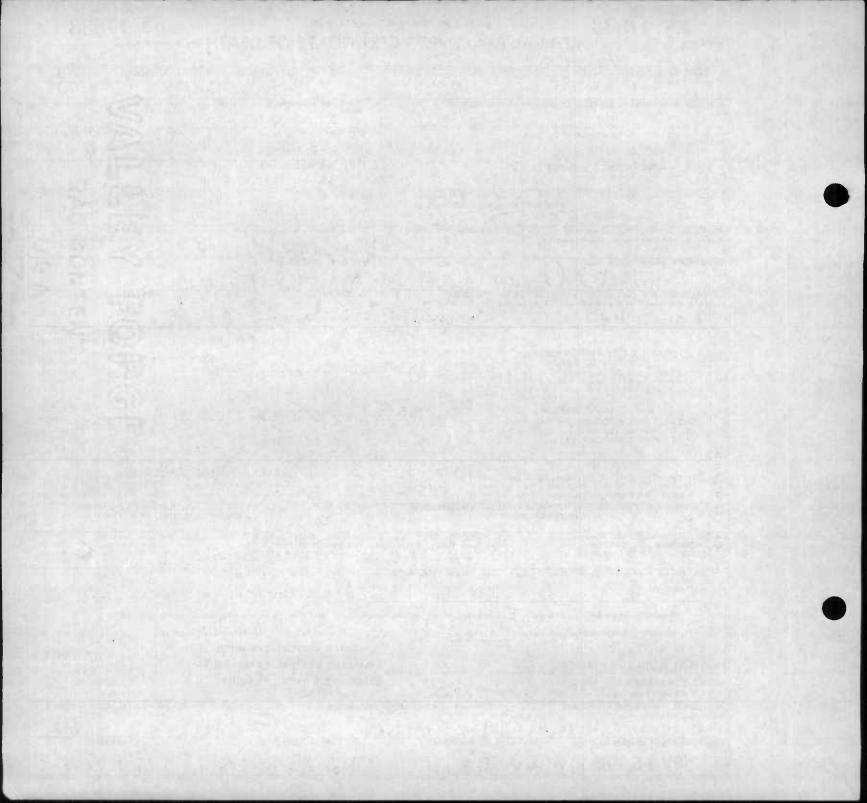
VS 150-REV. 1/1/65

approval

deceased



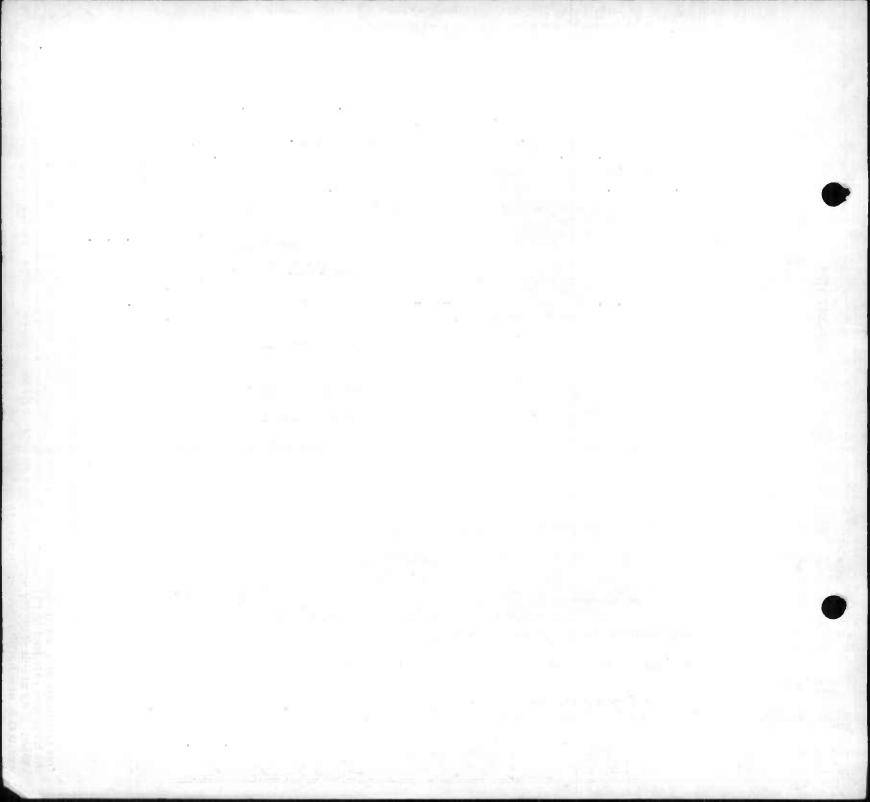
BIRT	H NO.	MED	DICAL EX	AMINER'S CE	RTIFICAT	E OF DEATH Regis	tered Na.	
_	CASE NO.							
1. N (Typ	AME OF DEC	ERNEST	r	PEGRAM		November 11, 19		
3. PI	LACE IN BALT	IMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived, If in	stitution: residence before admission)	
5111	NAME OF	TE NOT IN HOSE	TAL OR INICTIVI	TION CIVE STREET		yland ". cc	JONIT	
HOS	L NAME OF	ADDRESS OR LOC	CATION)	TION, GIVE STREET	C. CITY OR TOW	'N (If outside corporate limits, wr	we RURAL and give township)	
11431	11011014				Balı	timore	16-04	
8	Un	iversity Hos	spital			ESS (If rural, give location)		
4					1814	4 Riggs Avenue		
5. \$1	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years	Months, Doys, Hours, Min.	
M	lale	Negro	5	INGLO!	3-5-	1895 70		
				BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
done	during most of t	working life, even if retired	'		Vinui d	die Co., VA.	U.SA.	
13. F	ATHER'S NAM	NE ()		14. MOTHER'S MA	IDEN NAME		
	Joh	NEIF	EUTAM		MAL	ThA Kussell		
		D EVER IN U.S. ARM		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
(163	Yes	(ww)	nes of servicer	24-09-5280	John te	gram 2706 A	F Biddle ST	
	18.	/ / /	5912		OF DEATH	31419 0106 1	INTERVAL BETWEEN	
	DISTA			, 0			ONSET AND DEATH	
	DISEA	SE OR CONDITION I		Tetan	us			
	(This does not mean the made of dying, e.g., DUE TO							
	injury or complication which coused death.)							
	ANTECENDENT CAUSES Infected Laceration of Finger of Left Hand.							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE							
	UNDERLYING CONDITION LAST.							
Ó.		.,						
¥	OTHER SIG	II NIFICANT CONDITION	IS CONTRIBUTION	anoxia d	ue to resp	pirator hook-up f	ailure	
윤		DEATH BUT NOT I		during c	urare then	apy.		
CERTIFICATION		OPERATION 198. CO	ONDITION FOR W	VHICH OPERATION	20A. AUTOPSY?	(Yes or No. 208, IF YES, WERE		
디디	2	WAS PI	ERFORMED		Yes	S IN CERTIFYING CA	USES OF DEATH?	
3	21 A. EXTERNA	L CAUSE WAS	21 B. F	LACE OF INJURY (e.g., i	n or obout 21C. W	HERE DID (If in Boltimore City, OCCUR?	give exact location)	
		SE OF DEATH.	etc.)	Back Yard (h	ome) 181	14 Riggs Avenue		
Σ	21D TIME	(Month) (Doy) (Ye	eor) (Hour) 21	E. INJURY OCCURRED		W DID INJURY OCCUR?		
	OF INJURY (APPROX.)	10 28 '	65 w	HILE AT NOT	WHILE X Cut	finger on garba	co can lid	
	22.		1119 44	hJ	OKK A OUT	. Illiger on garba	ge can IIu.	
	l cer	tify that I held an		/ 1	apsy and	that an this basis, death in	my apinlan	
	resul	ted fram: Natural c	auses A	ccident Sulcide	Homicia	Je Undetermined man	iner	
	ACTUAL	(1)	(//		DICAL EXAMINER	DATE SIGNED	
	SIGNAT		arles	letter M.D.	ASSISTANT ME	DICAL EXAMINER	11/12/65	
	EXAMIN		o C Dot	D	ASSOCIATE MI	EDICAL EXAMINER		
23.4	NAME (71	s S. Peti	C. NAME OF CEMETERY OF	CDENANTORY	23D. LOCATION (Ci	ty, town, or county) (State)	
	OMAL (Specif		130	O LI MI	CREMATORT	235. EUCATION (CI	1, lowit, or country (Stote)	
	Burip	1-16	63	DA No., N	A .	DA No.	NIa.	
24A	. DATE REC'D	BY HEALTH DEPT.	248, NAME (OF REGISTRAR	24C. FUNERA	L DIRECTOR	ADDRESS	
	NOV 1	5 1965 10	1 40 3	2.0	MART	The state of the s	1701 10000 S	



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the consecution of the construction of the consecution of This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

65 11634		Y HEALTH DEPARTMENT	65 44624
M.E. CASE NO.	CERTIFICA	ATE OF DEATH	istered No. DD 11039
1. NAME OF DECEASED (Type or Print) MARIANO BRU	INO	2. DATE AND HOUI II%I2%	FOE DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	sed lived. If institution: residence before admission
FULL NAME OF (II not in hospitel or institution of the property of the propert	THE POOR.	D. STREET ADDRESS (If rurel, give IZOO VALLEY ST	
5. SEX 6. RACE 7. MARR WIDO	HED, NEVER MARRIED WED, DIVORCED (specify)		(In yeers If Under 1 Yr., If Under 24 Hrs
0A. USUAL OCCUPATION (Give kind of werk 10B, KIND lone during most of working life, even if retired)		Y 11. BIRTHPLACE (State er fereign ceunt	12. CITIZEN OF WHAT COUNTRY?
PRESSER MENS CLOTHING	RETIRED	ITALY	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
FRANCESCO BRUNO		LIBORIA BUSCEM	
5. Wes Deceased Ever in U. S. Armed Ferces? Yes, ne er unknewn! (If yes, give wor er detes ef service W. W. #I	16. SOCIAL SECURITY NO. 218-07-765	77. INFORMANT I 200 VALI 9 Little sister of	
18.	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
rise to the obove couse (A) stoling UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ITING		
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes er No) 20B. I	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
ZIA. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (netify medical examiner)	21B. PLACE OF INJURY (e.g., heme, form, fectory, street, etc.)	in er ebeut 21C. WHERE DID effice bldg., INJURY OCCUR?	(If in Boltimore City, give exact lecetien)
OF INJURY (APPROX.) (Menth) (Dey) (Yeet) (Heut)	21E. INJURY OCCURRED White At Net Work Net Work	21F. HOW DID INJURY OC	CCUR?
22. I certify that (1) (this hospital) attends that (1) (we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE	on <u>N DV . [2</u> e. (I) (We) (did) (did not)	1965 ond that in (m	to NBU 12 1965 ny) (our) opinion death occurred on the do 238. DATE SIGNED
23C. PHYSICIANS NAME (Type) STANLEY AND	KUDAS M.	23D. ADDRESS	MORE ST.
24A. BURIAL CREMATION, 24B. DATE 241	C. NAME OF CEMETERY OF CO.	REMATORY 24D. LOCATIO	



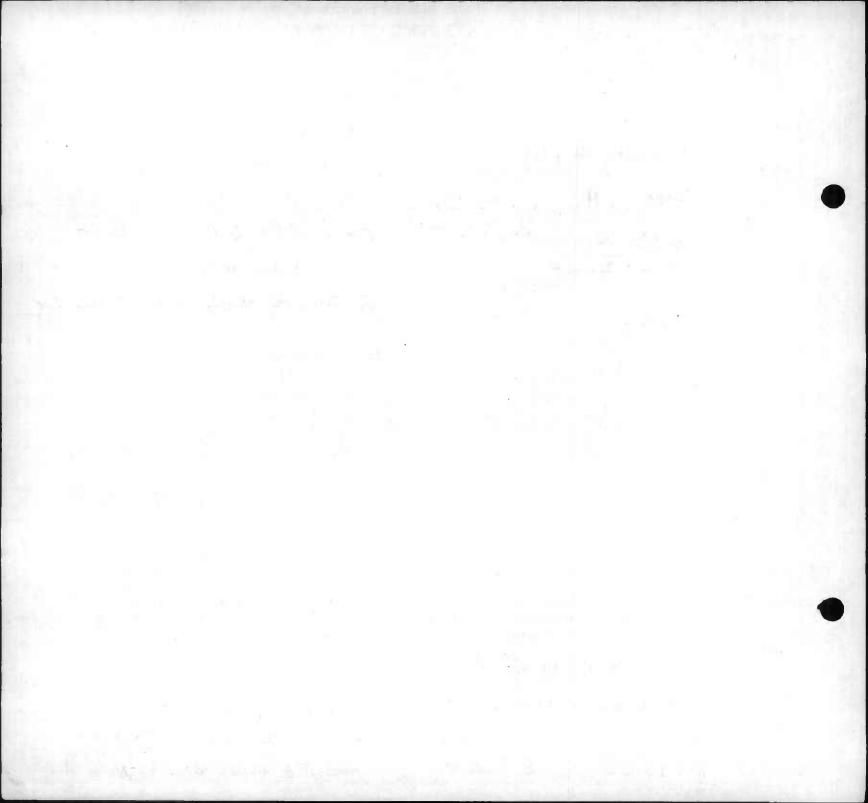
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	P1-3065.29361	BALTIMORE CITY	HEALTH DEPARTMENT	X	CE AADOE		
	н мь. 65 11635	CERTIFICA	TE OF DEATH	Registered No.	65 11635		
1.N	AME OF DECEASED		2. DATE A	AND HOUR OF DEATH	,30		
	PLACE OF DEATH IN BALTIMORE, MARYLAND	Dreisch	LA HISHAL RESIDENCE (W/	11/14/65	PM.		
3. 1	PLACE OF DEATH IN BALLIMAKE MARTLAND		A. STATE B. COU	INTY	itution: residence before admission)		
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	C. CLTY OR TOWN (1)	outside city limits, write RU	04//		
1.7	NSTITUTION		Baltimor		AKAL ond give township)		
14	B			If rural, give location)	n +3 .		
	12m sech	WW	6821 You	ngotown +	tue 22		
5. \$		RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 10B, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
		Normalia Company	Maryla	nd			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME			
	Gordon Dreisch		Marie	A. Di	Battista		
15.1 (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no_or_unknown) (If yes, give wor or dates al servi		17. INFORMANT		ADDRESS		
	710		Gordon Dre	eisch 6821 y	foungstown Ave		
	18. 762.51	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		former T.	07			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., It means the disease,						
	injury ar camplication which caused death.)						
	ANTECEDENT CAUSES (B) DU NO						
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating						
	UNDERLYING CONDITION last.	(6)	000* 00 00 00 00 00 00 00 00 00 00 00 00	99 9 9 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
Z	11						
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or I	Nol 208. IF YES, WERE FI	NDINGS CONSIDERED		
ERTIFIC	WAS PERFORMED		NO	IN CERTIFYING CAU	SES OF DEATH?		
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, officetc.)	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)		
EDI	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	AJURY OCCUR?			
2	(APPROX.)	While At Not While At Work					
	22. I certify that (I) (this hospital) attend	ed the deceased from	11/14	19 05 10	1/11/11/19 19 /3		
	that (I) (we) last saw the deceased alive	an 11/14	19 85 and	that in (my) (aur) apini	on death accurred an the date		
	and haur and fram the causes stated abav	e. (1) (We) (did) (did nat) vi	ew the bady after death				
	23A. SIGNATURE	-D. A.			23B, DATE SIGNED		
	Cheong Ken	M.D. Atter	Director _	Stoff Phys.	11/14/65		
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS				
244	RIIDIAL CREAMATION 1248 DATE	M.D.	MATORY	LOCATION			
1 Z4 P	REMOVAL (Specily) 248. DATE 24	C. NAME of CEMETERY of CREA	24D.	LOCATION (City	, town, or county) (Stote)		
254	Burial 11/15-65	Holy Redeemer	Cem	430 Belair 1	Rd. Balt. Md.		
254	NOV 1 5 1965 P.O.	b. E. Farleyma	10 A		22 S.High St.		
VS	150-REV. 1/1/65	M. C., CONSCIENT	- WILLIAM	and were	c o mirku or .		

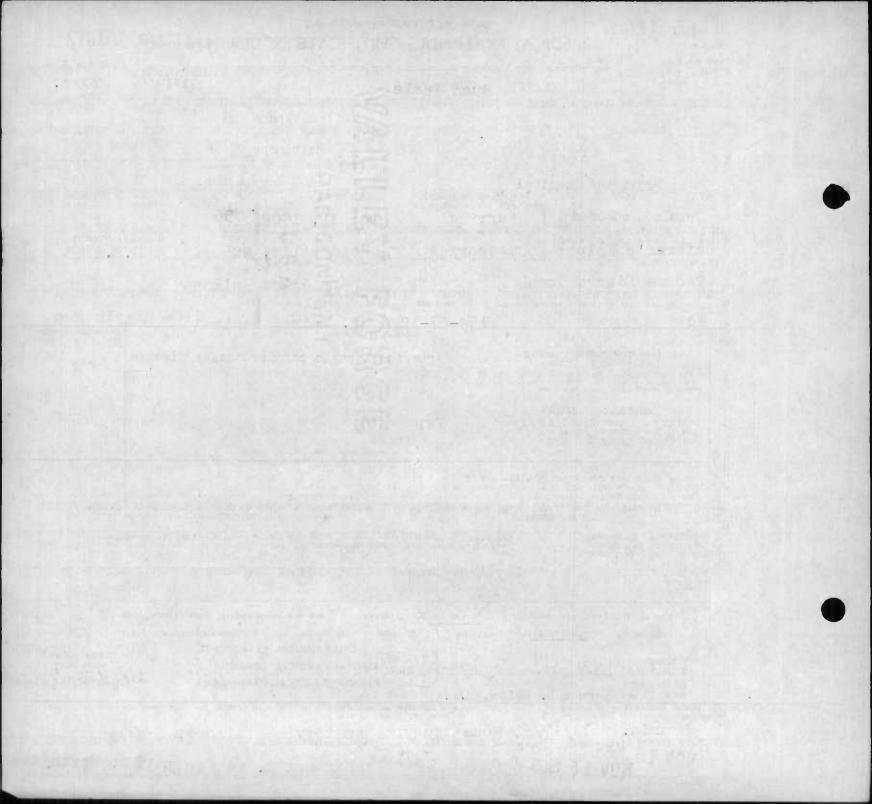


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 65 11636	CERTIFICA	ATE OF DEATH Registered No	5 11636
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	Н
(Type or Print) Elizabeth M	040	11 how 65	1950
Elizabeth M 3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)
		1 0 2 11	
FULL NAME OF (If not in hospital or instinction) HOSPITAL OR oddress or location)	itution, give street	C. CITY OR TOWN (If outside city limits, write	e RURAL and give fawnship)
INSTITUTION		Kalta	10-17
11 11 11 1-1		D. STREET ADDRESS (If rurol, give location)	1000
I Unwersety Bospital		7 N. Culton CARROL	LON AVE
	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE N	nemetal (specify)	10 - 6 - 13 52	Within S. Doy's Proofs
IDA. USUAL OCCUPATION (Give kind of work 10 B. K			12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	ESTURANT	Fair Eight Co 50	(). 5 A
3. FATHER'S NAME	=310CA-41	14. MOTHER'S MAIDEN NAME	
Dave Janour			
	19.4	Dla Water	
S. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknawn) (If yes, give wor or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		TILES, JESSIE MAE Muzphy - 90	09 N. Fullon Ave
18. 13 8. 1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1		ONSEL AND DEATH
LEADING TO DEATH	(A)	Himenhage	3 Days
(This does not mean the made of dying heart failure, asthenia, etc. It means the d			
injury ar camplication which caused death	.)	1	
ANTECEDENT CAUSES	DUE TO	pant granuling 19	
DISEASES OR CONDITIONS, if any,		dan of untersur-	7
rise to the above cause (A) statin UNDERLYING CONDITION last.	g ine (C)	ology!	
11		3)	
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING		
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING		IN CERTIFICO C	Addition beam.
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltim office bldg., INJURY OCCUR?	ore City, give exact location)
DEATH (notify medical examiner)	etc.)		
OF INJURY (Month) (Doy) (Year) (Hou	21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Will Work At Wor	nile	
22 1			11 7 10 15
22. I certify that (I) (this hospital) atte			19
		19 65 and that In(my) (our) o	plnion deoth occurred on the date
ond hour and from the causes stated ob	ove. (1) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE	0		23B, DATE SIGNED
Rubard P. hong	M.D. A	tending Med. Stoff Phys. Phys.	11 hou 65
23C. PHYSICIAN'S NAME (Type)	7	23D. ADDRESS	
	RCAARD M.	Umuya, t. Hasnit	1.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (State)
BURIAL 11/16/65	MT. Auburn (PEM BALTIMORE,	MARYLAND
	TABLE OF REGISTRAN	25G. FUNERAL DIRECTOR	ADDRESS
NOV 1 5 1965 12 0 14 8	Farber M.D	HERBERT E. NUTTER 303	
VS 150-PEV 1/1/45	, ,	MOUSELL E. MOTIETO 003	3 40. /40000 1400



BIRT	H NO.	MED	ICAL EX	AMINER'S C	ERTIFICA	E OF	DEATH Registe	red No. 11637
\vdash	CASE NO.							
1. N (Typ	NAME OF DEC	CEASED M	LLDRED (Gunn Beale		2. DATE ANI	HOUR PRONOUNCE	3/65 2:00 a.
3. P	LACE IN BALT	IMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If insti	itution: residence before admission)
		05 Mar III Hace	7.1. OR 1.16	T.A	A. STATE Maryland B. COUNTY			
HO	L NAME OF	ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN (If autside carporate limits, write RURAL and give township)			
IN2	TITUTION				Baltimore 1/) x			
9					D. STREET ADDE	ESS (If rurol,	give location)	1-00
1	Pr	rovident Hos	oital			- 1 -	rle Ave.	
5. S		6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	female	colored	Mar	ried	Dec 31.	1909	56	Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
caterer's Helper Caterering					Reidsv	ille	NC	II S A
13. FATHER'S NAME					14. MOTHER'S M.	AIDEN NAMI		David
	Thomas	Edward G	ımn		Manze	Alico	00770	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL					17. INFORMANT	ALICE	Gallaway	ADDRESS
		(If yes, give war ar do		SECURITY NO.				
	No			154-07-102	O Mr. An	drew E	Reale 1104	Argyle Ave
	1B.	3.2.1.			OF DEATH			INTERVAL BETWEEN
	DISEA	SE OR CONDITION I	NECTI V			3.0	7 - 12	ONSET AND DEATH
	DISEA	LEADING TO DEAT		441	sclerotic	cardio	vascular dis	sease
	(This does	not meon the mode osthenio, etc. It mea	of dying, e.g.,	DUE TO	**********************			
	injury or co	mplication which cause	deoth.)					
		ANTECENDENT CAU	CEC					
		OR CONDITIONS, IF		(B)				
	RISE TO TH	E ABOVE CAUSE (A)	STATING THE	501 10				
z	ONDERLIN	AG COMPINON LAS	•	(C)				
9		11						
CERTIFICATION		NIFICANT CONDITION						
1	DISEASE O	R CONDITION CAUSIN	IG IT.					
CER	19A. DATE OF	OPERATION 198, CO	ERFORMED	WHICH OPERATION	20A. AUTOPSY NO		20 B. IF YES, WERE FIL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
¥	21A. EXTERNA	L CAUSE WAS	21 B. I	PLACE OF INJURY (e.g.,	in or obout 21C. V	HERE DID	(If in Baltimare City, gi	ve exact location)
		OR CONTRIB-	etc.)	, farm, factory, street,	affice bidg., INJURY	OCCUR?		
11 1	21D HAVE (Month) (Doy) (Teal) (Nout) [21E. HAJORI OCCORRED [21E. HOW DID HAJORI OCCOR:							
	OF INJURY (APPROX.) WHILE AT NOT WHILE WORK AT WORK							
	22. 1 cer	tify that I held an	Inquiry 🗌			thot on thi	s bosis, deoth In n	ny opinion
	rasul	ted from: Notural o	ouses X A	coldent Suicio	le Homici	de l	Indetermined monne	er 🗆
	ACTUA	L 3 404		()-	,		AMINER	DATE SIGNED
	SIGNAT		12 11.	3/2/ M.D	. ASSISTANT M			77/12/66
	EXAMIN NAME (U. Spitz	M/D.	ASSOCIATE M	EDICAL EX	(AMINER	11/13/65
	BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (City,	, tawn, ar county) (State)
	B ur	ial 11/1	7/65 M	ount. Auburr	Cemete:	ry Ba	ltimore.	Maryland
24A		BY HEALTH DEPT.	24B NAME	QF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS
	NOA 1	5 1900 164	065 A A	ent E. Farker,	Herbe	מד למב	Martton 7	035 W. North Ave
1	161 BEN 2 /1	MUATO	عمال دود		Inerpe	LU D.	Nutter)	1



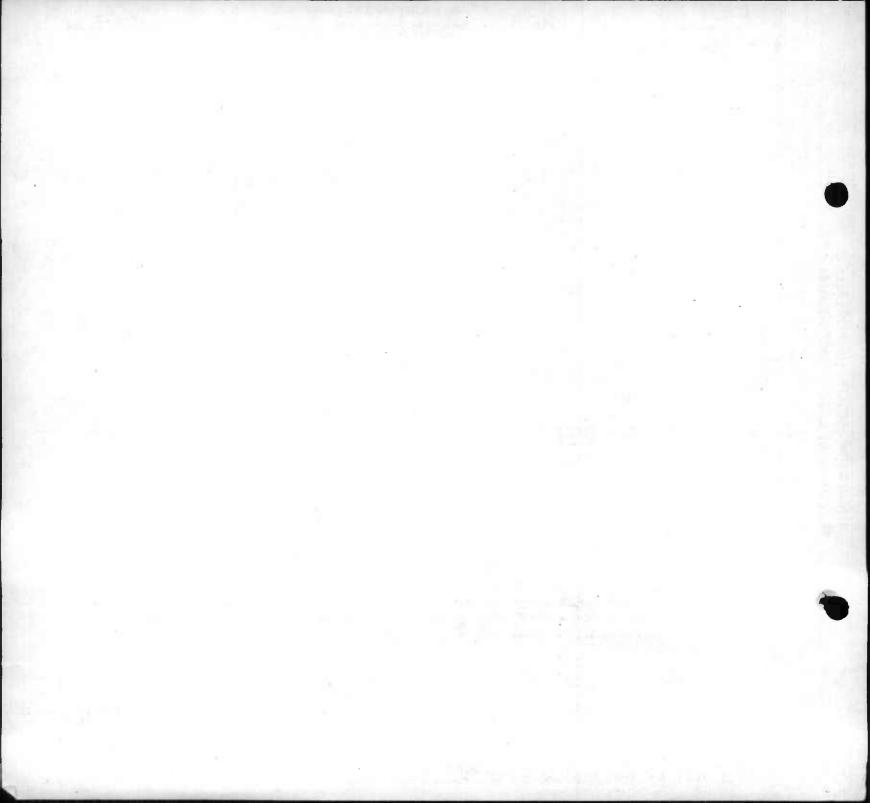
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	60001	BALTIMORE CITY	HEALTH DEPARTMENT	C5 11C2Q			
	BIRTH NO. 65 2776 65 11638	CERTIFICA	TE OF DEATH Registered No.	65 11638			
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	Jones	2, DATE AND HOUR OF DEAT	965 1 300			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4 0 1103	4. USUAL RESIDENCE (Where deceased lived, 1f	institution: residence before admission)			
	FULL NAME OF (If not in hospital or instilut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN ()f outside city limits, write RURAL and give township)				
3	V .		D. STREET ADDRESS (If jurol, give location) 1703 W. Layfaette St LAfa Cette N				
de.	University Hospita						
is made.	male Negro New	OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
disposition	10A. USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
osit	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
isp	marvin		Betty				
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no oi unknown) (If yes, give woi or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
final	No -	-	Info . Franklin	Square			
or	18. 773.51	CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH			
pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Tv	nmaturity	L. le			
balmed	(This does not mean the made of dying, heart failure, asthenio, etc. 11 means the dise	***************************************					
nbc	injury ar camplication which caused death.)	al Lile					
E e	ANTECEDENT CAUSES	DUE TO	protory Distress Sy				
are	DISEASES OR CONDITIONS, if any, gi	. *	·				
ins	UNDERLYING CONDITION last,						
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
before	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?						
ained	OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
ain	(APPROX)	While At Not While At Work					
obt	22. I certify that (物 (this hospital) attend						
pe	that (12 (we) lost sow the deceased alive			pinion deoth occurred an the dote			
must	and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE A 23B. DATE SIGNED						
	En Ol Ro	M.D. Atte	ending Med. Stoff	29 Ot 1965			
DA	23C. PHYSICIAN'S	Cry YND Phy	Director Phys. 23 D. ADDRESS	12. 00. 1163			
pro	Edward J. +	WIEY MD M.D.	the waventy at me part	AND			
g	REMOVAL (Specify)	C. NAME OF CENTIFICATION	MATERY DU A K 124DUSCATION	City, lown, or county) (State)			
ten	NUV 12 196	EHNEW E	RSITY MEDICAL SCHO	OL.			
written approval	0 0	ME OF REGISTRAN	25C. FUNERAL DIRECTOR	ADDRESS			
>	NOV 15 1965 0 Centre E.	TOTO CONT. MIL	MURTUARY SERVICE	BCHD			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Caceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

125-27991 05 44000	BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO. DO LLOSS	CERTIFICA	TE OF DEATH	Registered No.	5 11639		
I. NAME OF DECEASED	2 8	2. DATE AND	HOUR OF DEATH	200		
3. PLACE OF DEATH IN BALTIMORE MARYLAND	DABY 1004	TA USUAL BESIDENCE (Where	- 7-65	tion; residence belare admission)		
S. PLACE OF DEATH IN BALTIMORE MARIEARD		A. STATE B. COUNT	Y	non; residence before damession;		
FULL NAME OF (If not in hospitol or institution, HDSPITAL DR address or location)	give street	C. CITY OR TOWN (If outsi	ide city limits, write RURA	AL and give township)		
INSTITUTION	11	BALTIN	nors	• • • • • • • • • • • • • • • • • • • •		
UNIVERSITY of MARIZA	NO HOSE.	D. STREET ADDRESS (If ro	wol, give location)	720		
	D, NEVER MARRIED D, DIVORCED (specily)		. AGE (In years II Most birthday)	Under 1 Yr. 11 Under 24 Hrs. onths Days Hours Min.		
10A, USUAL OCCUPATION (Give kind al wark 10B, KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareig	n country) 12	2. CITIZEN OF		
done during most of working life, even if retired)		MARYIAND		WHAT COUNTRY?		
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	E AA	1		
Kanald Hard	ding	Verme	a Middle	ton		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (11 yes, give war or dates at service)	1 6. SECURITY NO.	17. INFORMANT		ADDRESS		
No	NONE	MOTHER	110 CHERR			
18. 773,5	CAUSE O	F DEATH		ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) K5	PINATORY)15725S() EN	grams Life		
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,					
injury or complication which caused death.)	(B) TREMATORIT			LIFE.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	DUE TO	and a Mandriandah	2000 0 st st 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
rise to the above couse (A) stating the			• • • • • • • • • • • • • • • • • • •	**************************************		
II						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T	NG HE					
TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT. UNITED TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT. UNITED TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION FOR WAS PERFORMED UNITED TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITIONS 198. CO	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIND IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?		
OR CONTRIBUTING CAUSE OF ho		n ar about 21 C. WHERE DID lice b(dg., INJURY OCCUR?	(II in Boltimore Cit	ty, give exact (ocation)		
	E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?			
	hile At At Wark	•				
22. I certify that (I) (this hospital) attended	the deceased from	11-9-65 15	910	1965		
that (I) (we) last saw the deceased olive an	1.	19 65 ond tha	t In (my) (our) opinior	deoth accurred on the date		
and haur and from the causes stated abave.	(I) (We) (did) (did nat)	view the bady ofter deoth.				
23A. SIGNATURE	Hey M.D. Att.	ending Med. S	Stall Phys.	11- 9-65		
23C.PHYSICIAN'S NAME (Type)	M.D.	23D. ANEXTOMY B	OARD OF N	IARYLAND		
John Ruley - 24A. BURIAL CREMATION, 124B. DATE 24C.1	NAME al CEMETERY at CR	EMATER VERSION	CATHEDICAL	aSG GOL (State)		
REMOVAL (Specily) NOV 12 1985		O. T. Ellori I	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D 01111		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNE (A PORTICIPAR	RY SERVICE	- BCILL		
NOV 15 1965 Robert 2, Fo	Labour M.A.			The second		
VS 150-REV. 1/1/65			00000			



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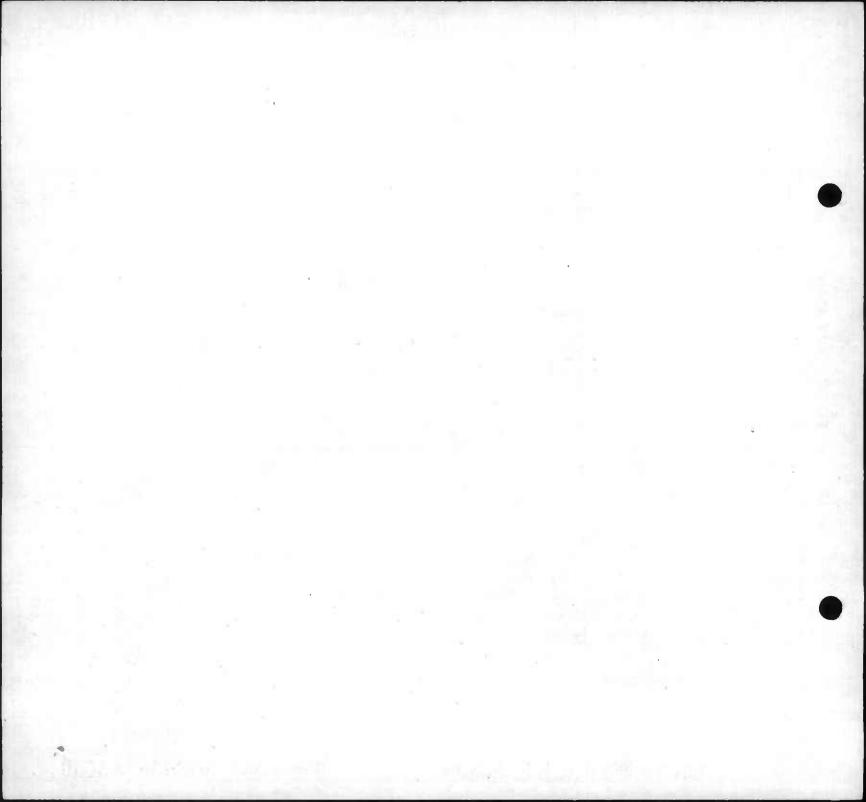
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2.

BALTIMORE CITY HEALTH DEPARTMENT Registered No.65 11646 BIRTH NO. 15 26390 65 11640 CERTIFICATE OF DEATH M.E. CASE NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) BALTIMORE MARYLAND 3. PLACE OF DEATH IN RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street and oddress or location) C CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION movo D. STREET ADDRESS (If_rurol, give location) e in is made. 5. SEX 6. RACE MARRIED, NEVER MARRIED If Under 1 Yr. II Under 24 Hrs. B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify lost birthdoy Hours 0 MARRAT 0 MEAN 10A USUAL OCCUPATION (Give kind of work 10R KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces SOCIAL ADDRESS 17. INFORMANT final yes, give wor or dotes of service) SECURITY NO IMO CAUSE OF DEATH OF 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the remains UNDERLYING CONDITION Inst. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CATIO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. the 20 A. AUTOPSY? (Yes No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION CERTIF WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) etc. MEDIC obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) lost saw the deceased alive on ond that in(my) (our) opinion deoth occurred on the dote and hour and from the causes stated obave. (IXTWe) (dld) (did not) view the body ofter death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. M.D. Med. Stolf Director approval 23C. PHYSICIAN'S 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of (Stote) REMOVAL (Specify) written

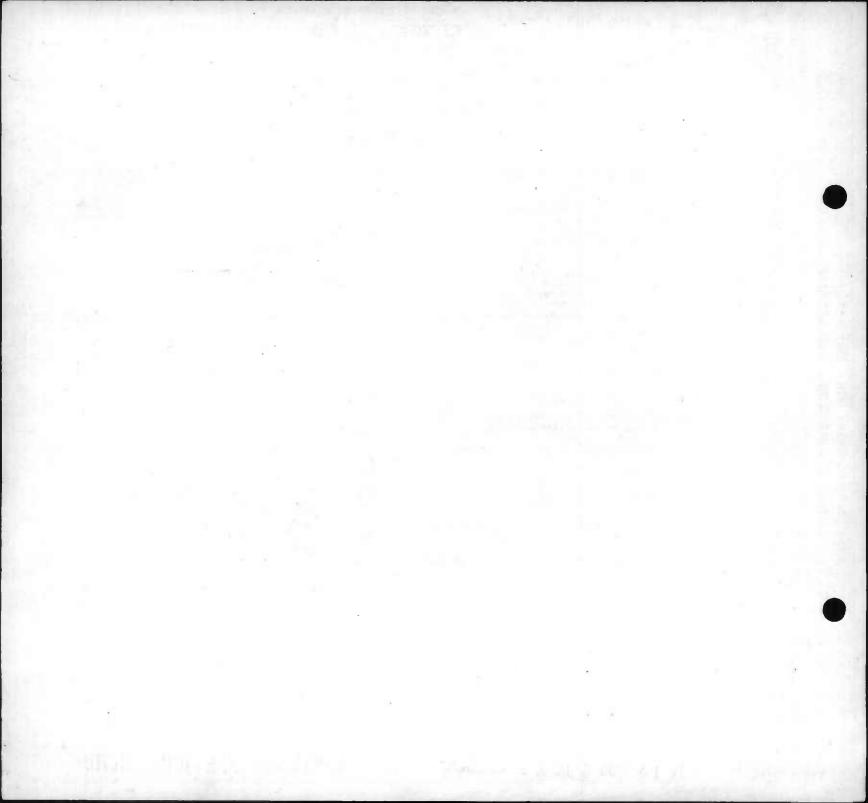
25A, DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR 1965

ADDRESS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, sud (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT	× 65	11641
	E CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	
1. N	De or Print) HALL, Baby Bo	× .	2. DATE AN	1-9-65	1,50 (PW M
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If institut	ion: residence before admission)
	FULL NAME OF (If not in hospital or institu	ution, give street	Manyland	, Baltin	rone
	NSTITUTION	Man land Has		side city limits, write RURA	L and give fownship)
8	University of	relangland 190		rural, give location)	
				use HWY	
5. 5		RRIED, NEVER MARRIED OWED, DIVORCED (specify)	11-9-65.	9. AGE (In years If Ma	Under 1 Yr. If Under 24 Hrs. Min. 54
	. USUAL OCCUPATION (Give kind of work 10 B, KIN a during most of yforking life, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country) 12.	CITIZEN OF WHAT COUNTRY?
	Mant	-	Manylan	nd	USA,
13.	FATHERS NAME Thomas Ha	ll	Rhodo	AE (H) T	apponnier
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give war ar dates of ser	vice) 16. SOCIAL	17. INFORMANT		ADDRESS //
	NO	hone	Mothe.	4501	Defense 17 ambrills to
	18.773.31	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Re	a siretem DE	her Suridia	ne live
	(This daes not mean the mode of dying, heart failure, asthenia, etc. It means the dis				^ ^
	injury or complication which caused deoth.)	4	rematur. T	34	life.
	DISEASES OR CONDITIONS, if any, or	DUE TO			
	rise to the above couse (A) stating UNDERLYING CONDITION last.				
	II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO				
CAT	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	1 208. IF YES, WERE FINDS	INGS CONSIDERED
CERTIFIC	WAS PERFORMED		455	IN CERTIFYING CAUSES	OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City	/. give exact locotion)
_	21D. TIME (Month) (Day) (Year) (Hour)		21F. HOW DID INJ	URY OCCUR?	P. 15 15 15 15
2	(APPROX)	While At Not Whi Work At Work		11	C1 1 m
	22. I certify that (1) (this hospital) otten		1	19 10 17	7-(0) 19
	that (1) we lost saw the deceased alive	~ ^		ot in (my) (our) opinion	death occurred on the dote
	and hour and from the causes stated abo	ve (1) (We) (did not)	view the body ofter death.	102.0	, DATE SIGNED
		AM.D. AH	ending Med.	Stoff Phys.	11-9-65
	23C. PHYSICIAN'S NAME (Type)	Phy	23D. ADDRESS	Phys. C. S.	11 100
		M.D/	ANATOMY BUA	IRD OF MAK	YLAND
24A	REMOVAL (Specify)	4C. NAME of CEMETERY OF CE	MINTER SIT PAD. N	PARPINC A. 1000 Co	untyl / (Stotel
	NOV 12 19				
25 A	NOV 15 1965 Robert 2.	ME OF REGISTRAR	25 MORTOARY	SERVICE -	BCHD SS
VS	150-REV. 1/1/65			- DERVICE	2



1/01/102	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 105 74903 65 1164	2 CERTIFICA	TE OF DEATH Pegistered N	65 11642
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	. 1 \ 1	2. DATE AND HOUR OF DEA	TH 40
3. PLACE OF DEATH IN BALTIMORE MARYLA	avid John	4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admission
		A. STATE B. COUNTY	· A!
FULL NAME OF (If not in hospitol or in HOSPITAL OR oddress or location)	stitution, give street	C. CITY OR TOWN (If outside city limits, wi	ité RURAL ond give township)
	lay land Hosp	& White Mars	1 3300
o verifiers. 1901 1.	V	Cambril Road	1.
5. SEX 6. RACE 7. I	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF, BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
N W	inever married	10/28/65	7
10A, USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	N.A.	Mary land	USA
David Win	9	Delores Conti	7 61
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	none	tather	above.
18. 3 20.31	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	Po in	stanite-	24hre
(This does not mean the mode of dyi heart failure, osthenio, etc. It means the		alarana and a large and a larg	1 1
injury or camplication which caused dea		ulus Farmarene dis	alifeum 36 hrs.
DISEASES OR CONDITIONS, if ony,	DUE TO	1 0.4	-> Oa
rise to the above couse (A) sta		emanuity	1 days-
II		/	V
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
U 19 A. DATE OF OPERATION 198, CONDITIO	ON FOR WHICH OPERATION	20A. AUTOPSY (Yes) or No.) 20B. IF YES, WE	RE FINDINGS CONSIDERED
11-3-65 WAS PERFORM	lus ¿ gangrene d	Balileum	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltin fice bldg., INJURY OCCUR?	more City, give exoct locotion)
O 21D. TIME (Month) (Doy) (Yeor) (H		21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While At Work	e	1 /
22. 1 certify that (1)(this haspital) at		10/28/65 19 ta	11/4/65-19
that (1) (we) last saw the deceased a	11-11-16		apinian death accurred an the date
and hope and from the causes stated	abave. ((We) (did) (did nat) v		
23A. SUCHATURE	M.D. Atte	ending Med. Stoff	23 B. DATE SIGNED
23C. PHYSICIAN'S	Phy:	Med. Stoff Phys. 23D. ADDRESS	11-4-65-
NAME (Type)	M.D.	Il Echan S	7.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C NAME of CEMETERY OF ARE	WATER MY BOOKEDTIEF M	ACT Tove, A Comy) (Stote)
NOV 12	THE	VIVERSITY MEDICAL	SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 25B	NAME OF REGISTRAR	MARTHA PIETO CEDVICE	ADDRESS
NOV 15 1965 Robert 8	. Farbuna	MUNIONAL SERVICE	- DCHD
4 3 13V-RE V. 1/1/03		K 4	



Thomason	a hospital and cause of death e; (5) Deceased ndance on the to death. Such	>
•	ct or contributing ct or contributing () Undetermined caus	SI LICENSIA
R: IMPORTANT	er or his assistant if er. Also, if the dire sture of any kind; (4 pronounced death ar attendance on the	
FUNERAL DIRECTOR: IMPORTANT	nief medical examina a medical examina ody burns; (3) A fra ne physician who pician was in regul	THE SUID SUID OUT
FUL	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	STOLEN CONTROL OF TALE
	This certificate muthe body was relesshows: (1) An accivate house b.O.A. at a hadeceased prior to	Written approval

		BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO.	65 11	643 CERTIFICA	TE OF DEATH Registered	но. 65 11643	
M.E. CASE NO.		CERTIFICA			
1. NAME OF DEC		***	2. DATE AND HOUR OF DE	ATH 6:30 a.	
	Julia				
B. PLACE OF DEA	ATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceased fived. A. STATE B. COUNTY	If institution: residence before admission	
FULL NAME O	AF (If not in hospital	l or institution, give street	Maryland	3-1	
HOSPITAL OR	oddress or locotic		C. CITY OR TOWN (If outside city limits, v	write RURAL and give township)	
INSTITUTION			Baltimore		
5 -			D. STREET ADDRESS (If rurol, give location	n)	
mba To	hns Hopkin	e Hoenital	1403 Gough Street		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
White	Female	Widow	4-1-94 71		
		rk 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	
ione during most of	working life, even if retired)			WHAT COUNTRY?	
13. FATHERS NA	ME		14. MOTHER'S MAIDEN NAME		
NT1 7	na Marria		Lillian Netz		
	as Morris	114 500111	17. INFORMANT	ADDRESS	
Yes, no or unknown	Ever in U. S. Armed Fo	tes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDKE22	
18. 7 / 6	2 1	CAUSE C	DE DEATH	INTERVAL BETWEEN	
18.260			Α	ONSET AND DEATH	
DISEA	SE OR CONDITION D	PIRECTLY	enaciative block 7	m. M. 11-5	
(This does i	nol meon the mode o	d dving an DUE TO	ingestive Heart 7 Li abetes mellit Stevrnyelitis	account gry	
heart failure,	asthenia, etc. II meon	s the disease,	1. 0.	,	
injury or con	nplication which couse	d deoth.)	tialetes mellet	2110	
	ANTECEDENT CAUSE	(B)	7 0000000	Why a	
DISEASES	OR CONDITIONS, if	DOE 10	0.0	bk	
	e above cause (A)) sloting the (C)	Stevenyelilis	Marga W	
UNDERLYING	G CONDITION lost.	and the state of t		ng (() () () () () () () () () () () () ()	
	- 11				
OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING			
E TO THE D	EATH BUT NOT REL	LATED TO THE			
U 19A DATE OF		NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, W	VERE FINDINGS CONSIDERED	
S S S S S S S S S S S S S S S S S S S		RFORMED	IN CERTIFYING	CAUSES OF DEATH?	
W 21A ACCIDE	NT WAS HARRED VINE	218 81 4 05 06 14111189/	YES	bisses City sine and the City	
, OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF	home, form, foctory, street, o		Itimore City, give exact location)	
DEATH (notity	medical examiner	etc.)			
21 D. TIME	(Month) (Doy) (Year	Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?		
S OF INJURY	12.07	While At Not Whi			
(APPROX.)		Work At Work		. /	
	. (20)	ol) ottended the deceased from	10/29 1965 to 1	1/11 1965	
22. I certify	that (1) #this has nite				
		1126	1 10 65		
tho (() (we)	last sow the deceas	sed alive of 30am 1/1	1 19 65 ond that Ir (my) (our) opinian death occurred on the do	
tho (() we)	last sow the deceas	sed alive of 30am 1/1) opinian death occurred on the do	
tho (() (we)	last sow the deceas	1126) opinian death occurred on the do	
ond hour on	last sow the deceas	oted obov (1) (We) (did) (did not)	view the bady ofter deoth.		
ond hour one	last sow the deceas d from the couses st	oted obov (1) (We) (did) (did not)	rending Med. Stoff Phys.		
ond hour on- 28A. SIGNATU	last sow the deceased from the couses struck	oted obov (1) (We) (did) (did not)	rending Med. Stoff Phys. 223D. ADDRESS	23B. DATE SIGNED	
ond hour on: 28A. SGNATU 23C. PHYSICIA NAME (T	I last sow the deceased from the couses structured to the couse structured to the couses structured to the couse structured to the couse structured to the couses structured to the couse	oted abov (1) (We) (did) (did not)	rending Med. Stoff Phys. 23D. ADDRESS		
tho (I) (we) ond hour on: 23A. SGNATU 23C. PHYSICIA NAME IT Bar	last sow the deceased from the couses structured from the couse structured from the	oted obov (1) (We) (did) (did not) M.D. All Phy M.D. M.D.	ending Med. Stoff Phys. 23D. ADDRESS 550 N. Broadway, E	23B. DATE SIGNED 11/1/65 Baltimore Md	
tho (I) (we) ond hour on: 23A. SGNATU 23C. PHYSICIA NAME IT Bar	d from the couses structured by J. Zach	oted abov (1) (We) (did) (did not)	ending Med. Stoff Phys. 23D. ADDRESS 550 N. Broadway, E	23B. DATE SIGNED	
ond hour on- 28A. SGNATU 23C. PHYSICIA NAME (T Bar 24A. BURIAL CRE REMOVAL (d from the couses structured by J. Zach MATION, 24B. DATE Specify)	oted abov (1) (We) (did) (did not) All Phy 24C. NAME of CEMETERY of CR	ending Med. Stoff Phys. 22D. ADDRESS 550 N. Broadway, EMATORY	23B. DATE SIGNED 11/65 Baltimore Md (City, town, or county) (Stote)	
ond hour one 28A. SGNATU 23C. PHYSICIA NAME (T Bar 24A. BURIAL CRE REMOVAL (Burial	d from the couses structured by J. Zach MATION, 248. DATE Specify)	oted obov (1) (We) (did) (did not) M.D. All Phy M.D. M.D.	ending Med. Stoff Phys. 22D. ADDRESS 550 N. Broadway, EMATORY	23B. DATE SIGNED 11/65 Baltimore Md (City, town, or county) (Stote)	
ond hour one 28A. SGNATU 23C. PHYSICIA NAME (T Bar 24A. BURIAL CRE REMOVAL (Burial	d from the couses structured by J. Zach MATION, 24B. DATE Specify)	erle A.D. 24C. NAME of CEMETERY of CR	ending Med. Stoff Phys. 22D. ADDRESS 550 N. Broadway, EMATORY 24D. LOCATION Arundel Cou	23B. DATE SIGNED 11/65 Baltimore Md (City, town, or county) (Stote) nty Maryland ADDRESS	

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Such Also, if the direct or contributing cause of death

regular attendance

was in

death

physician who pronounced

examiner.

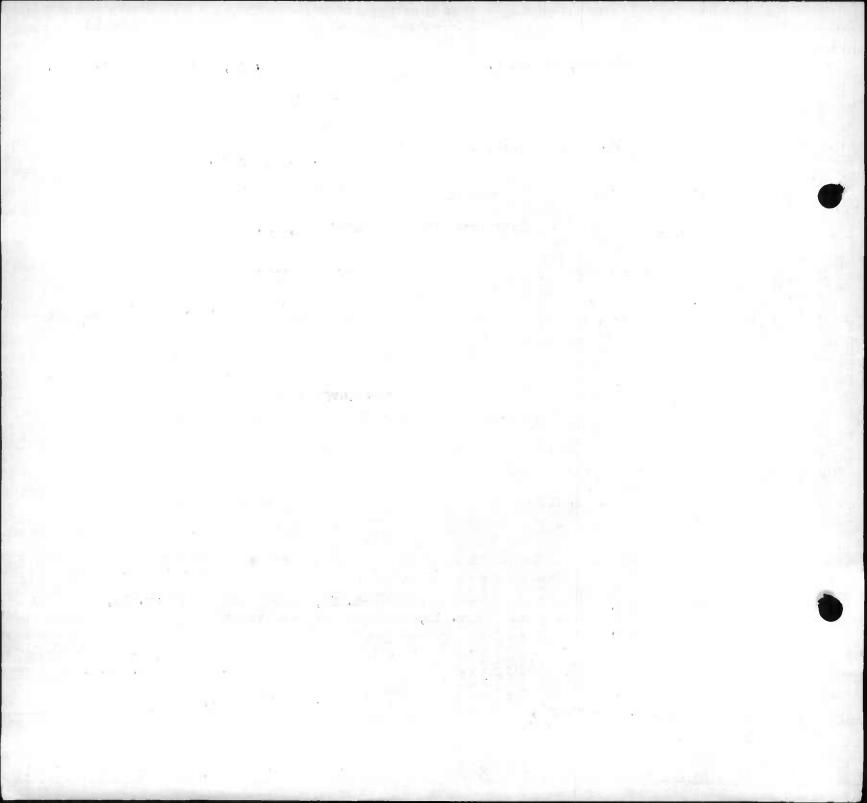
the body was released to the hospital by a medical

was D.O.A. at a hospital

	po or Print)	Sahat	of God	orge L.			1	AND HOUR OF DEAT		-
3. F	PLACE OF DE					14. USUAL RI	NOT	7 • 13, 1965	4:00	Podm
3. PLACE OF DEATH IN SALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give stroot oddress or locotion) NSTITUTION					give stroot	Maryl	and	UNTY	-03	
							more #	24	e RURAL ond give townshi	p)
7	St. Joseph Hospital			D. STREET A		oper St.				
5. S	ale	6. RACE	7	WIDOWE	NEVER MARRIED D, DIVORCED (specify) TTIED	5/19/		9. AGE (In years lost birthdoy) 72	If Under 1 Yr. If Ur Months Doys Hours	der :
don		working life, ever			more City		CE (Stote or fo		12. CITIZEN OF WHAT COUNTRY	?
13.	FATHER'S NA	ME				14. MOTHER	S MAIDEN N	IAME	J.,	
	Toon	and Cah	ff			Fline	hoth C-	217		
15. Yes	Was Docoased	ard School Ever in U. S.	Armed Force	es? of service)	16. SOCIAL SECURITY NO.	Eliza 17. INFORMA	NT		ADDRESS	
	No	7 - 2 - 3			7.00	Ethel	Merritt	809 5	Bouldin Street	h.
		0,01			CAUSE	OF DEATH	1011100	007 13.	INTERVAL BET	TWEE
	DISEASES	ANTECEDENT	ONS, if o	ny, giving						
NOI	DISEASES rise to It	ANTECEDENT OR CONDITION OR above ca G CONDITION II	CAUSES ONS, if o	ny, giving stoling lhe	(B) AC DUE TO (C)					
ICATION	DISEASES rise to It UNDERLYIN OTHER SIGN TO THE C DISEASE OR	ANTECEDENT OR CONDITION OF COND	CAUSES ONS, if or ouse (A) or last. DITIONS CONTROL RELATE CAUSING IT.	ny, giving stoling the ONTRIBUTIN TED TO TH	(B) AC DUE TO (C)					************
A	DISEASES rise to It UNDERLYIN OTHER SIGN TO THE C DISEASE OR	ANTECEDENT OR CONDITION OF COND	CAUSES ONS, if or ouse (A) or last. DITIONS CONTROL RELATE CAUSING IT.	ny, giving stoling the DNTRIBUTING TO THE DITTON FOR	(B) AC DUE TO (C)		DPSY? (Yes or			******
AL CERTIFICA	DISEASES rise to It UNDERLYIN OTHER SIGN TO THE ID DISEASE OR 19 A. DATE OF 21A. A CCIDE OR CONTRIB	ANTECEDENT OR CONDITION OF COND	CAUSES ONS, if o luse (A) in last. Dittons CONOT RELATE CAUSING IT. 198. CONDITIONS CO	ny, giving stoling the DNTRIBUTIN TO THE DTO THE DTO THE DRAWED	G G BE WHICH OPERATION C. PLACE OF INJURY fo.g., no, farm, foctory, street,	20 A. AUTC	DPSY? (Yes or	No) 208, IF YES, WER IN CERTIFYING (***************************************
ICAL CERTIFICA	DISEASES rise to It UNDERLYIN OTHER SIGN TO THE ID DISEASE OR 19 A. DATE OF 21A. A CCIDE OR CONTRIB	ANTECEDENT OR CONDITION OF OPERATION THE CONDITION OF OPERATION THE CONDITION OF OPERATION THE CONDITION OF OPERATION THE CONDITION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION	CAUSES ONS, if or the control of th	ny, giving stoling the DNTRIBUTIN TO THE DITTON FOR DRMED	G G CC) G G BE WHICH OPERATION L. PLACE OF INJURY fo.g., no, farm, foctory, street, or injury occurred the control of t	in or obout 21 C. office bldg., INJU	NO WHERE DID	No) 208, IF YES, WER IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?	
MEDICAL CERTIFICA	DISEASES rise to It UNDERLYIN OTHER SIGN TO THE ID DISEASE OR 19 A. DATE OF OR CONTRIB DEATH (notify 21 D. TIME OF INJURY (APPROX.)	ANTECEDENT OR CONDITION OR GOVERNMENT OF OPERATION	CAUSES ONS, if o luse (A) in last. DITIONS CONT RELATE CAUSING IT. 198. COND WAS PERFO	ny, giving stoling the DNTRIBUTIN TO THE DITO TO THE DITON FOR DRMED	G BE WHICH OPERATION - PLACE OF INJURY fo.g., no, farm, foctory, street, or farm, foctory, stre	in or obout 21 C. office bldg., INJU	NO . WHERE DID URY OCCUR?	No) 208. IF YES, WER IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?	n)
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MEDICAL CERTIFICA	DISEASES rise to th UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF 21 A. ACCIDE OR CONTRIB DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we and haur an	ANTECEDENT OR CONDITION OR GOVE TO OR CONDITION OF CONDITION OF OPERATION (Month) fDo of that (1) (this) last saw the of fram the co	CAUSES ONS, if o luse (A) in last. DITIONS CONT RELATIONS TO THE CAUSING IT. 198. COND WAS PERFO	ONTRIBUTING TO THE DITION FOR DRMED (Hour) 21E Who was attended to delive an arrived solution and the solution and the solution attended to delive an arrived solution attended to delive attended to delive attended at a solution attended at	G E WHICH OPERATION C. PLACE OF INJURY fo.g., no, farm, foctory, street, INJURY OCCURRED At Work At Work he deceased fram	in or obout 21 C. office bldg., INJU	DPSY? (Yes or NO WHERE DID URY OCCUR?	No) 208. IF YES, WER IN CERTIFYING (flf in Boltim NJURY OCCUR? 19 65 to that in (my) (aur) o	RE FINDINGS CONSIDERED CAUSES OF DEATH? Note City, give exact locoho	n)
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MEDICAL CERTIFICA	DISEASES rise to th UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF 21 A. ACCIDE OR CONTRIB DEATH (notify) 22 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we and hour an 23 A. SIGNATION	ANTECEDENT OR CONDITION The above co G CONDITION INTERPRETATION OF OPERATION (Month) (Do That (I) (this) last saw the d from the co	CAUSES ONS, if o luse (A) In last. DITIONS CO NOT RELAT CAUSING IT. 198. COND WAS PERFO ERLYING SE OF iner) Characteristics ERLYING services Characteristics ERLYING services Characteristics ERLYING services ERLYING servi	ONTRIBUTING TO THE DITION FOR DRMED (Hour) 21E Who was attended to delive an arrived solution and the solution and the solution attended to delive an arrived solution attended to delive attended to delive attended at a solution attended at	GEWHICH OPERATION C. PLACE OF INJURY fo.g., no, farm, foctory, street, or farm, foctory, street	in or obout 21 C. office bldg., INJU	NO WHERE DID URY OCCUR? HOW DID I	No) 208. IF YES, WER IN CERTIFYING (flf in Boltim NJURY OCCUR? 19 65 to that in (my) (aur) o	RE FINDINGS CONSIDERED CAUSES OF DEATH? HORE City, give exact locolic	19
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MEDICAL CERTIFICA	DISEASES rise to Ith UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF OR CONTRIB DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we and haur an 23A. SIGNATI 23C. PHYSICI, NAME F	ANTECEDENT OR CONDITION OR CONDITION OR CONDITION OF CONDITION OF CONDITION OF OPERATION (Month) (Do Of that (I) (this) last saw the of fram the course UTRE ANTS Type) Odora Ca	CAUSES ONS, if o luse (A) In last. DITIONS CONT RELAT CAUSING IT. 198. CONT WAS PERFO ERLYING SE OF iner) The haspital of the second secon	ONTRIBUTING TO THE CONTRIBUTION FOR DRIMED (Hour) 21E Who was attended to delive an artended to delive an art	GEWHICH OPERATION C. PLACE OF INJURY fo.g., no, farm, foctory, street, or farm, foctory, street	in or obout 21 C. office bldg., INJU 21 F. Dot 20 19 ive the bady 23D. ADDRESS 1400 N	DPSY? (Yes or NO WHERE DID URY OCCUR? HOW DID I	No) 208. IF YES, WER IN CERTIFYING Of IN CERTIFYING OF IN CERTIFYING OF INCOME. 19.65 to that in(my) (aur) of tha	NOV. 13, 196	(n)

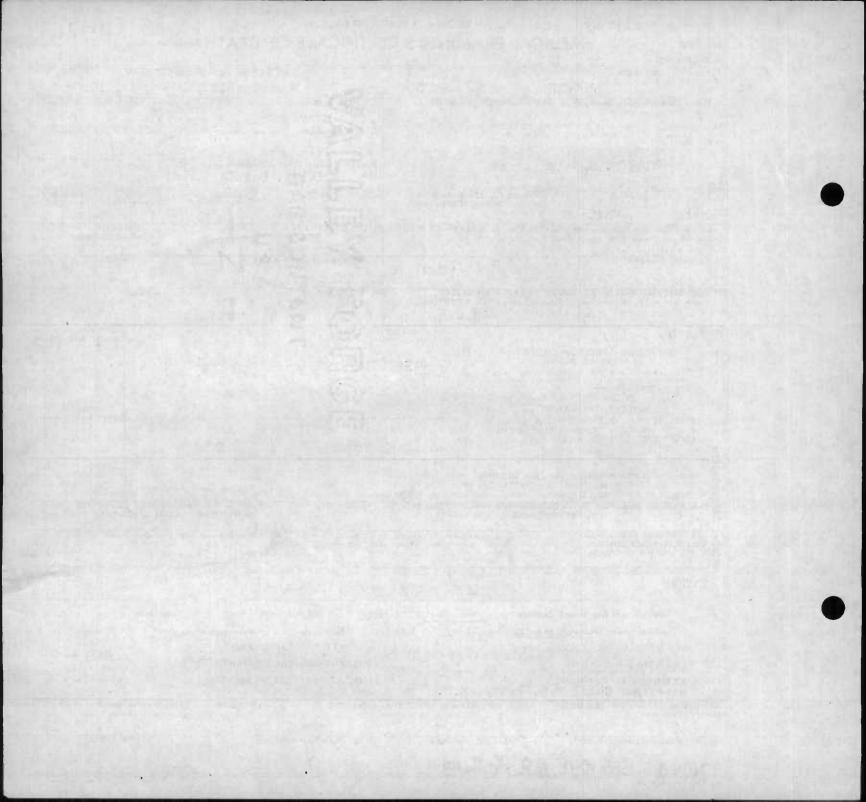
NOV 15 VS 150-REV. 1/1/65

Lilly & Zeiler Inc. 1901 Eastern Ave

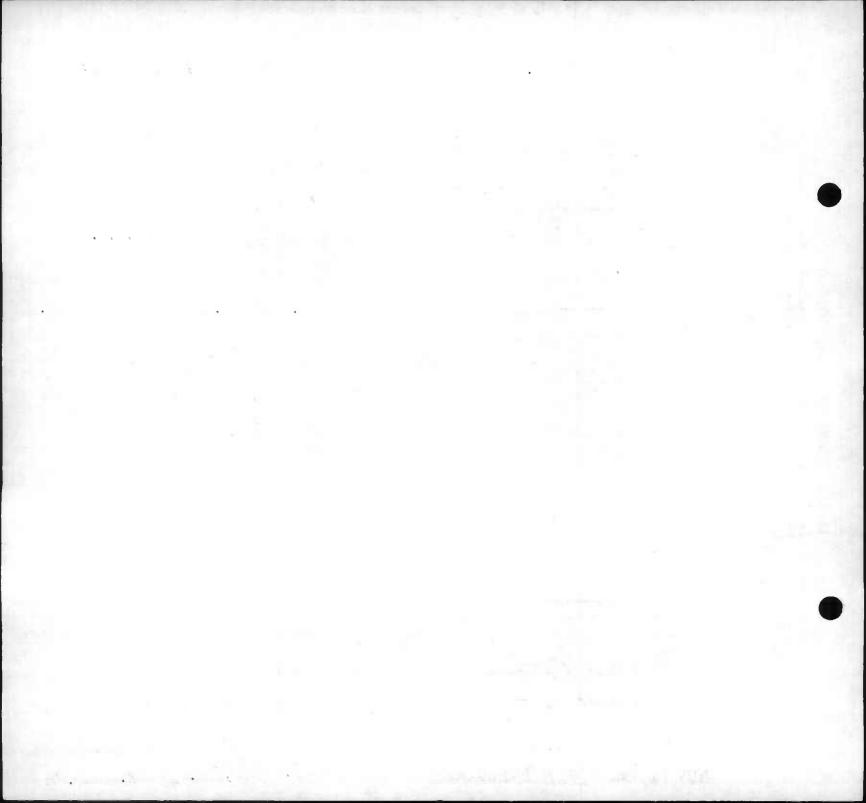


MACDICAL	EV A LAINIEDIC	CERTIFICATE	DEATH	D. C. LAI
MEDICAL	EXAMINER 2	U.FRIIFIU.AIF	DEATH	Registered Na.

BIRT	H NO.	MEDI	CAL EX	AMINER'S C	ERTIFIC	ATE OF [DEATH Register	red Na	
M.E	CASE NO.								
1. N	AME OF DE						HOUR PRONOUNCE		
,,,		JOSEPH		SMITH		Novemb	er 12, 1965	10	0:00 A M.
		TIMORE, MARYLAND, W			I A STATE	SIDENCE (Where lary land	deceosed lived, If insti B. COU	tution: residence b	efore odmission)
HO!	L NAME OF	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET		TOWN (If autside Baltimore	corparate limits, write	RURAL ond give	to wnship)
0	21	14월 S. Castle	Street		D. STREET A	DDRESS (If rural,	give location) astle Street		Tales 1
5. S	x Male	6. RACE White	WIDOWED, D	NEVER MARRIED	B. DATE OF E	TOO!	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	Under 24 Hrs. Hours Min.
		UPATION (Give kind of work	108 KIND OF		11. BIRTHPLA	CE (Stote or foreign	6Z	12. CITIZEN OF	
dane	150	warking life, even if retired)			0	11.	1 1	WHAT COU	NTRY?
13 E	ATHER'S NAM				DXI.	MAIDEN NAME	ravillad		
13.1									
	VAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMAL	elle Kerr	van	ADDRESS	
	10	yes, give wor or unte	s di servico	None	Hen	ur Ovens	1704 121sc	on Point	24
	1B.	22.11		CAUSE	OF DEATH				AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY					014351	AND DEATH
		LEADING TO DEATH		(A) Arter:	iosclero	tic Cardi	ovascular D	isease.	
	heart failure	not mean the made of , asthenia, etc. It means mplication which coused	the disease.	DUE TO					
		ANTECEN DENT CALLE							
		ANTECENDENT CAUSE OR CONDITIONS, IF A		(B)			*********		
	RISE TO TH	IE ABOVE CAUSE (A) ST	ATING THE	DUE 10					
z	UNDERLIII	NG CONDITION LAST.		(C)					
임									
3		NIFICANT CONDITIONS							
프		R CONDITION CAUSING		i E					
CERTIFICATION		OPERATION 198, CON	DITION FOR W	HICH OPERATION	20A. AUTO		20B. IF YES, WERE FIN IN CERTIFYING CAUS		ERED
4		L CAUSE WAS	218, P	LACE OF INJURY (e.g.,	in ar abaut 210	. WHERE DID	If in Baltimare City, giv	re exoct locotian)	
<u>□</u>		OR CONTRIB-	home, etc.)	farm, foctory, street, o	office bldg., INJ	URY OCCUR?			
	21 D TIME OF INJURY	(Month) (Day) (Year		E. INJURY OCCURRED		HOW DID INJU	RY OCCUR?		
	(APPROX.)		m. W	ORK AT W	ORK	No. of the	(Carlotte and Car		
	l cer	tify that I held an I			ropsy		s basis, death in m		
	resul	Ited fram: Notural car	JSOS X A	ccident Suicid			Indetermined manne	er 🔛	
	ACTUA	\cap \cap \setminus		1/-		MEDICAL EX	(m)	DAT	E SIGNED
	SIGNAT		arles J	1 clly M.D	ASSISTANT	MEDICAL EX	AMINER X		110165
	EXAMIN NAME (Type) Charles	S. Petty	, м.в.	ASSOCIATI	E MEDICAL EX	(AMINER	11	./12/65
	BURIAL CRE		23 C	. NAME of CEMETERY	CREMATORY	23 D. LO	OCATION (City,	town, ar caunty)	(Stote)
	urial	77 7	155	W C , 1 1	1	0	17.	, ,	
	. DATE REC'D	BY HEALTH DEPT.	248, NAME C	OF REGISTRAR	24C. FUI	NERAL DIRECTOR	1 more, 1	ADDRES	S
	110)/ 4		0 %	0. 64		C.	7		5 %
1/2	NUV 1		8 2 Fa	Wey Mid	John	Dra	$n, \exists n \in \mathcal{N}$	- sel	i rone
A 2	151-REV. 1/1/	03				7 12 17			



65 1	1646	BALTIMORE CITY	HEALTH DEPARTMENT		05 44040
BIRTH NO.		CERTIFICA	TE OF DEATH	Registered N	.65 11646
M.E. CASE NO. 1. NAME OF DECEASED			2. DATE	AND HOUR OF DEAT	ТН
Type or Print)	nia S Con	4.4	No	vember 12. 7	1965 1 3.30 A.
B. PLACE OF DEATH IN BALTIN	ORE, MARYLAND	323	4. USUAL RESIDENCE (W	here deceased lived. It	f institution: residence before admission
HOSPITAL OR oddress	n hospital or institution, or location)	give street	C. CITY OR TOWN (II	Quitside city limits will	te RURAL ond give township)
INSTITUTION				ourside city minis, with	te KOKAL ond gives lownship?
0 2/17 11	oodstock Ave	0.000	Baltimore D. STREET ADDRESS	(If rural, give location)	
JAI / W	DOWNLOCK AV	entte	3417 Woodste	ach Avenue	
SEX 6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Female White	WIDOWED	D. DIVORCED (specily)	July 23, 1895	lost birthdays	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give I			11. BIRTHPLACE (State or for	prejon country)	12. CITIZEN OF
one during most of working life, even				,	WHAT COUNTRY?
Housewile 3. FATHER'S NAME			Manulana 14. MOTHERS MAIDEN N	1	U.S.A.
			14. MOTHER'S MAIDEN N	IAME	
Edward M. Kan	e		Susan Ha	Istead	
5. Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give v	for or dotes of service!	SECURITY NO.	C1 11 C	C - 01 -	
<i>no</i>		none	Edward L. Gre	100 Jr. 347	7 Woodstock Ave.
77/3	701 Discour	CAUSE O	PDEATH		ONSET AND DEATH
DISEASE OR CONDI		P		9 /	3
(This does not meon the		DUE TO	encer of the	face-	3 yro & 4 month
heart foilure, osthenio, etc.					
ANTECEDENT		(B)	onshe - Oneun	war	3 Longs
DISEASES OR CONDITIO		(c) In	etasinsis.	of the Com	ver -
UNDERLYING CONDITION	last.	***************************************	- 1 		0
11					
OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C	ITIONS CONTRIBUTING	G			
	AUSING IT.				
19A. DATE OF OPERATION 10 TH - 13 /62 21A. ACCIDENT WAS UNDE	WAS PERFORMED			IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
JOEX. 13/62		na of face	no		
OR CONTRIBUTING CAUS	E OF 218.	PLACE OF INJURY (e.g., in ie, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltin	nore City, give exact location)
DEATH (notify medical examination)	ner) etc.)				
	(Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
(APPROX)	Whi	ile At Not While	e		
22 1 (1) (1)			115	1965 to 11	1 10
22. I certify that (I) (this.		he deceased from			
that (1) (we) last saw the	deceased alive an	1077. / L	19 6 — and	that in (my) (pur) o	plnian death accurred on the do
and hour and fram the cou	uses stated above. (I) (We) (did) (did not) v	iew the bady after deatl	١.	
23A. SIGNATURE					238. DATE SIGNED
Thiliber +	artigine	M.D. Atte	ending Med. Director	Stoll Phys.	11/13/65
23C.PHYSICIAN'S NAME (Type)	form	W	23D. ADDRESS		
Phillippel	+ Antio.	M.D.	2305 may	4.010.	B. 0+ 12 h.
4A. BURIAL CREMATION, 24B.	DATE DATE	AME OF CEMETERY OF CRE	1,100	TOCATION	sall 13 md
REMOVAL (Specily)	/ / /	THE OF CENTERED OF CRE	140.	COCATION	(City, town, or county) (Stotel
Berial 1	1/15/65 Ne	ew Cathedral	Cemetery	Baltimone	Manuland
SA. DATE REC'D BY HEALTH D	EPT. 25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
NOV 1 5 1965 A	0 B Q Fr.	and a	John A. A	bran, Inc.	3000 E Ball S.
'S 150-REV. 1/1/65	TO LA WILL	y		70//	C. Darto . T



BALTIMORE	CITY	HEALTH	DEPA	PTMENT

Registered	N65	11	8	1
		to do why	1	L

BIRTH NO. M.E. CASE NO.	65 11	647 CERTIFICA	TE OF DEATH	Registered No.	5 11617
1. NAME OF DECE			2. DATE A	ND HOUR OF DEATH	
Jaype of Films	Ohn BURTO	N .	Nov	ember 15-19	765 6 A N stitution: residence before admission
PLACE OF DEA	TH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Who	ere deceased lived. If in:	stitution: residence before admission
F1111 NIA 115 OF		All All and a second and a second			171-
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol or in address ar lacotian)	stilution, give street	C. CITY OR TOWN (II or	utside city limits write R	URAL ond give township)
7	11.	., /	D. STREET ADDRESS (III	rural, give location)	
	mercy Hos	pital			
				29th Street	
5. SEX		WARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
OA. USUAL OCCU	PATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
- /1	arking tite, even if retired)		Maryland	d	WHAT COUNTRY?
3. FATHER'S NAM	E		14. MOTHER'S MAIDEN NA		
John	R	urton	Annie W. M	Mug / lan	
5. Was Deceased	Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	mener	ADDRESS
Yes, na pr. unknawn)	(II yes, give war ar dates of	SECURITY NO. 212-05-8880	Miss Anna E	Burton	(Same)
18.	P V I	CAUSE C	DF DEATH		INTERVAL BETWEEN
DISEASES OF THE DESTRUCTION OF T	. WAS PERFORM	giving ting the (C) TRIBUTING TO THE ON FOR WHICH OPERATION MED	20A. AUTOPSY? (Yes or N No in ar about 21C. WHERE DID inffice bldg., INJURY OCCUR?	o 208. IF YES, WERE F	
21D. TIME	(Manth) (Day) (Year) (H	aur) 21E. INJURY OCCURRED	21F. HOW DID IN	HIRY OCCUR?	
2 OL HAZOKI		While At Nat Whi		4	
(APPROX)		Wark At Wark			
that (+) (we)	last saw the deceased a from the causes stated	tended the deceased fram	19 65 and t		NOV, 19 G5
914	-0	Reales M.D. AH	ending Med.	Stoff V	
23C. PHYSICIAN	oregory vs	Bruce Phy	23D. ADDRESS	Phys.	15 Nov, 1965
NAME (Ty	O Cac a	Rause M.D.	Marc 11	0.40	21 Humps m1
24A. BURIAL CREA	AATION 248 DATE	24C. NAME of CEMETERY OF CR	EMATORY 1705	LOCATION ICE	AITIMORE IIId.
REMOVAL (S	pecily)	_ , , , , ,	240.	O A	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
burial		5. Loudon Park (emetery	Baltimore,	Md.
25A, DATE REC'D		NAME OF REGISTRAR	25C. FUNERAL DIRECTO	K	ADDKE33
NUV 15	1965 (P. O. A. 8	Fr. Omna	Leonard J.	Ruck Inc	Baltimore, Md.
VS 150-REV. 1/1/6	5				

Motostatic Concurses of Porreas CAREMONA BEND OF PRINCIPAL

5 Nor, 1965 Explandory Laparatory

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a medical examiner.

Also, if the direct or contributing cause of death

BIRTH NO.	65	1164
AAF CACE NO		

BALTIMORE CITY HEALTH DEPARTMENT

	rof Fo	4101	1
Registered	No. Do	FIO	į (

Type of Print TOSEPH	ANTHONY	CILIPO	TTE		nber 15, 19	
3. PLACE OF DEATH IN BA			7 da dust	4. USUAL RESIDENCE (When	re deceased lived, If	institution: residence before admi
FULL NAME OF (If not in hospital or institution, give street oddress or location)				Maryland C. CITY OR TOWN (If out		RURAL and give town think
Veterans Admin	istratio	n Hospi	tal	Baltimore	#13	KONAL ond give lownship)
3900 Loch Rave	n Boulev	ard			rurol, give location)	
Baltimore, Mar	altimore, Maryland 21218			3910 Chesterfield Avenue		
	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		11/8/14	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 2 Months Doys Hours A	
IOA, USUAL OCCUPATION (done during most of working life	Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore)	gn country)	12. CITIZEN OF WHAT COUNTRY?
Painter		Unemp	loyed	Baltimore, Ma	eryland	U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA		
Anthony Cilip	ote			Rose (unknow	m) Ricuii	vota
15. Was Deceased Ever in U (Yes, no or unknown) (If yes, g	J. S. Armed Forc	es?	1 6. SOCIAL	17. INFORMANT 3900 IA		
	6/42 - 8		215 03 1237			timore, Maryland
18. / 63 4	1	7 20/43		F DEATH	20200 201	INTERVAL BETWEEN
DISEASE OR CO	ONDITION DIR	ECTLY	346			ONSET AND DEAT
LEADING	G TO DEATH		(A) Car	rcimoma right lu	ng	2 months
(This does not mean heart failure, osthenia,			DUE TO			
injury or complication						- 634
			(B)		TY 1990 FREE 00 500 50 505 50 505 50 500 500 500 5	
ANTECED DISEASES OR CONI	which coused DENT CAUSES DITIONS, if o	deoth.)	DUE TO			
ANTECED	which coused DENT CAUSES DITIONS, if o cause (A)	deoth.)	DUE TO			
DISEASES OR CONT	which coused DENT CAUSES DITIONS, if a cause (A) ITION last,	deoth.)	DUE TO			
DISEASES OR CONT	which coused DENT CAUSES DITIONS, if a cause (A) ITION last,	deoth.) ony, giving sloting the	(C)			
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NOV 15 1965 Robert E. Fallyma

Leonard J. Ruck Inc. Balto. Md. 21214

VS 150-REV. 1/1/65



BIRTH NO.

M.E. CASE NO I. NAME OF DECEASED

(Type or Print)

the

Was

VS 150-REV, 1/1/65

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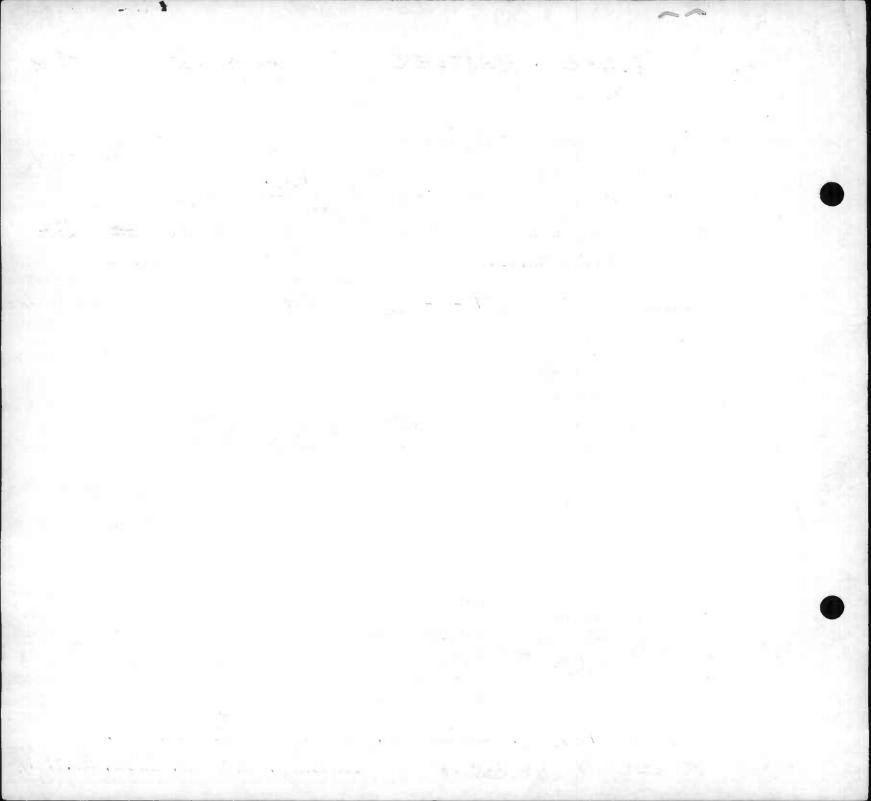
and

BALTIMORE CITY HEALTH DEPARTMENT

outside city limits, write RURAL and give township) If Under 24 His. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? Bushman ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) opinian death accurred on the date 23B. DATE SIGNED 11-13-65 Baltimore Md. emetery 25C. FUNERAL DIRECTOR eonard J. Ruck Inc. Balto. Md. 21214

Registered No.

2. DATE AND HOUR OF DEATH



65 11050	BALTIMORE CITY	HEALTH DEPARTMENT	V 65 4	MARINEE 2
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	375,055-3
I.NAME OF DECEASED (Type of Print) OFENCE S MI	eK	2. DATE A	13, 1965	11 P.
3. PLACE OF DEATH IN BALTIMORE, MARYL FULL NAME OF (If not in hospitot or i HOSPITAL OR oddress or location)		A. STATE B. COU Haryland C. CITY ON TOWN (If o	Baltin	stitution: residence before admission
Union Memoria	1 Hospital	Luthervill	rurol, give location)	53-00
				FIVE
Female White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	5-30-16	9. AGE (In years lost birthday)	on the North of th
done during most of working life, even it retired) None Houseurs Se	Own Home	Pennsylv	ania	United States
	TAM	Maude	Reed	
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give war or dates o	? (service) 16. SOCIAL SECURITY NO. 197-07-7265	Alexander	Smick	SAM E
DISEASE OR CONDITION DIRECT LEADING TO DEATH	TLY	F DEATH	5 > DE 11 A1	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dy heart failure, asthenia, etc. It means the injury or complication which caused de		EPHROLITIASI ALLURE DUREH	I A	1/04/63-10/13/6
ANTECEDENT CAUSES	(B) (L))	JEPH RECTUMS	1 - 37 YRS A	<u> </u>
DISEASES OR CONDITIONS, if any rise to the above cause (A) structure UNDERLYING CONDITION last.	r, giving aling the (C) RE	NALTEC H	<i>X</i>	
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDIT	TON FOR WHICH OPERATION WHED PROLITIATION	20A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimon	e City, give exoct locotion)
Z1D. TIME (Month) (Doy) (Yeor) (1) S (APPROX.)	Hour) 21E INJURY OCCURRED While At Not Whi Work At Work		JURY OCCUR?	
22. I certify that (I) (this hospital) a	ttended the deceased fram	11/1	1965 to 11	113 19.65
that (I) (we) last saw the deceased o	alive an 11/13	19.65 ond t	hat in (my) (our) opi	nian death accurred an the dat
and haur and from the causes stated	abave. (1) (We) (did (did nat)	view the bady after death	•	Lan Dave Cours
23A. SIGNATURE	/ Leine M.D. Att	ending Med.	Staff Phys.	23B. DATE SIGNED
The state of the s	5. 7.	23D. ADDRESS UNION		HOSPITAL
24A. BURIAL CREMATION, 24B. DATE	GRID H. HEINE, M.D. 200C. NAME OF CEMETERY OF CE 5. Dulaney Valle	EMATORY 24D.		ily, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 125 NOV 15 1965 Rect	B NAWL OF GEGISTERS.	25C. FUNERAL DIRECTO Leonard J.		Balto. Mid. 21214
VS 150-REV. 1/1/65				

Union Hemorial Hospital

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HATTUL ISUNAMM3

Haryland Daltimere hutheryille 403 Fox Chapel drive

Pennsylvania until Sistes
Maude Reed

Alexander Smick Shine

IMPORTANT DIRECTOR: FUNERAL

pital and of death

(5) Deceased on the Such

eath.

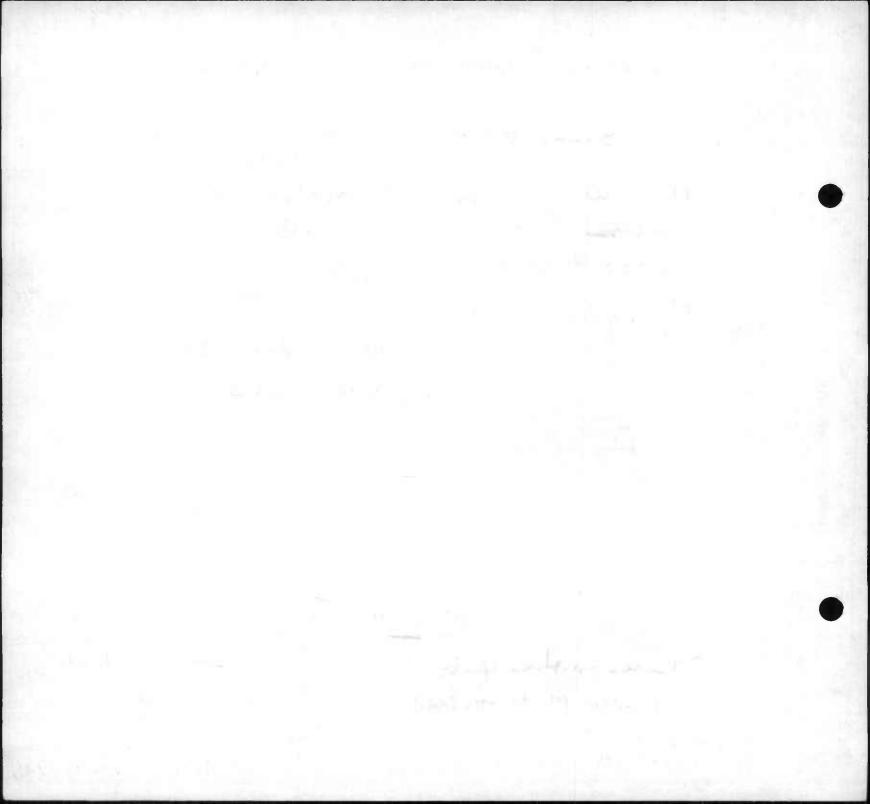
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hospital contributing cause (4) Undetermined cause; attend 0 prior regular mad deceased disposition Was the death 0 kind; final attendance any pronounced 10 med ar embal regul who are ල Ξ the physician obtained before the remains physician was (2) Body the chief O where to the hospital °Z any nature; approved by 9 (except ; and pe accident of death) a hospital must must prior to approval certificate at An was D.O.A. eceased the body written

BALTIMORE CITY HEALTH DEPARTMENT Registered 855 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) AWRENC 65 15 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give D. STREET ADDRESS (If rurol, give location) 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH Hours WIDOWED, DIVORCED (Specify) lost birthday 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 12. CITIZEN OF WHAT COUNTRY? done during most of workingslife, even if retired) BALTO, TRAN SUPTIASS 13. FATHERS NAME US 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. L. HAhN 3046 213-05-9870 MRS. GRACE INEWOOD 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, hearl failure, asthenia, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 2) F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from ... that (I) (we) last saw the deceased alive an... and that in (my) (our) apinian death accurred an the date ond haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Stoff 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 920 24D. LOCATION (City, to,wn, or county) 25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/65



IMPORTANT FUNERAL DIRECTOR:

rect or contributing cause of death (4) Undetermined cause; (5) Deceased on the prior to death. attendance written approval must be obtained before the remains are embalmed or final disposition is made. was in regular the deceased or his assistant if death death deceased prior to death); and (6) No physician was in regular attendance on shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any was D.O.A. at a hospital (except where the physician who pronounced Also, certificate must be approved by the chief medical examiner examiner. 0 the body was released to the hospital

CERTIFICATIO

MEDICAL

21 D. TIME

OF INJURY

(APPROX.)

DISEASE OR CONDITION CAUSING IT.

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

DEATH (notify medical examined)

19A. DATE OF OPERATION

Such

I	BALTIMORE CITY	Y HEALTH DEPARTMENT
	BIRTH NO. M.E. CASE NO. 65 11652 CERTIFICA	TE OF DEATH Registered No.65 11652
	1. NAME OF DECEASED (Type or Print) TORDAN JAMES F	2. DATE AND HOUR OF DEATH 9-Nov-1965- 4.46P M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR address or location) (If not in hospital or institution, give street address or location) MARYLAND GENERAL Hospital	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location)
	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) UNEMPIONE	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	William Jordan	14. MOTHERS MADEN NAME FANNIE (?)
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dotes of service) UNKnown	DECEASED From Hospitial Chart-
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g.,	hronic Emphy SEMA Cife
	heorl failure, asthenia, etc. It meons the disease, injury or complication which coused deoth.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Road +

208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

> 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.)

21 E. INJURY OCCURRED Not While

At Work

21 F. HOW DID INJURY OCCUR?

(1) (this hospital) attended the deceased from and that in (194) (our) aplnion death accurred on the date

and hour and from the causes stated abave. () (We) (did) (did not) view the body after death. 23A. SIGNATURE

Work

Cullis	mo	M.D.	Attendi Phys.
			,

Med. Director Stoff ng

23 B. DATE SIGNED

(If in Boltimore City, give exact location)

23D. ADDRESS

REMOVAL (Specify) HEALTH DEPT.

(Hour)

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

23 C. PHYSICIAN'S

NAME (Type

BURIAL CREMATION,

5 1/1/20 3/11/10 WELLEY JORDAN December -The same of the same of the same of 로 웹타를 그렇는데요

FUNERAL DIRECTOR: IMPORTANT

Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in

	(-5 11050	BALTIMORE CITY	HEALTH DEPARTMEN	TV	CE AAGED
BIRTH NO.	65 11653	CERTIFICA	TE OF DEATI	H Registered No.	65 11653
N.E. CASE NO. 1. NAME OF DEC		ELT, GORDON HARRY		11-12-65	1:35A
3. PLACE OF DE	ATH IN BALTIMORE, MAR		4. USUAL RESIDENCE	Where deceased lived. II	institution: residence befare admission)
FULL NAME O	OF (If not in hospitot o	or institution, give street	MARYLAND		
HOSPITAL OR	address at lacetion		D		RURAL and give township)
10	ST. AGNE	S HOSPITAL	D. STREET ADDRESS	(If rurol, give location)	NE 2/ 00 00
			100 LOC	UST AVENUE	(1246)
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 7-31-11	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
MACH	INIST		MARYL	AND	U.S.A.
13. FATHER'S NA			14. MOTHER'S MAIDEN		
HARR	Y STINEFELT		SADIE	CYFORD	
15. Wos Deceoses	d Ever in U. S. Armed Force	es? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	in in you, give wor or or one	220-97-9007	ST. AGNES R	ECORDS-CATO	ON & WILKENS AVES
18.	0.11		F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECTLY	0:	1 0	ONSEL AND DEATH
(This does	LEADING TO DEATH nat mean the made of	dying, e.g., DUE TO	Generalize	d Ca	######################################
heart failure,	, asthenia, etc. It means mplication which caused	the disease,	7		
	ANTECEDENT CAUSES	(B)	Lympho si	arcomo	
	OR CONDITIONS, if a	DUE TO	1 11 . L'	,	
rise to th	e abave cause (A) G CONDITION last.		cuty arthrius	secondary	
ONDERCHIN			to lymph	osur comal	
E TO THE D	IFICANT CONDITIONS CO DEATH BUT NOT RELA CONDITION CAUSING 17	TED TO THE	V		
		DITION FOR WHICH OPERATION	NO NO	OF No. 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical oxaminar)	218. PLACE OF INJURY (e.g., hamo, farm, factary, street, etc.)	n or about 21 C. WHERE DI ffice bldg., INJURY OCCU	D (If in Boltimo	are City, give exact lacotion)
21D. TIME	(Month) (Doy) (Your)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
(APPROX.)		While At Not Whi			
22. I certify that (I) (we	y that (1) (this hospital)) lost sow the decease	attended the deceased from NC d alive on NOVEMBER 12	VEMBER 9	19 65 to NO	OVEMBER 12 19.65
and hour an	nd from the couses stat	ed obave. (1) (We) (dld) (did not)	view the body after de	oth.	
23A. SIGNAT	Cemil g	aboul M.D. Att	onding Med.	Stoll Phys.	23B. DATE SIGNED
23C. PHYSICIA	Cemil y	GOBAL M.D.	23D. ADDRESS St. A		ital
24A. BURIAL CRI	EMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24	D. LOCATION	City, town, or county) (State)
BURLAL	11/16/65	LOUDON PARK CEM	ETERY	BALTIMORE, MAI	RYLAND
25A. DATE REC'I	P. AY HEALTH PEPTA	25B NAME OF REGISTRAL	25C. FUNERAL DIRE		ADDRESS
NUV	10 1200 (100	en c, the	HUBBARD FU	NERAL HOME 41	07 WILKENS AVENUE #29

VS 150-REV. 1/1/65

240 - 5 - 7 Per Per . all sand to have a less that the

BALTIMORE CITY HEALTH DEPARTMENT 65 11654 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. RIPTH NO M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 5:20 HOWARD SLOMAN November 11, 1965 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rurol, give location) Maryland General Hospital 1633 Winford Road 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. WIDOWED, DIVORCED (specify) lost birthdoy Male White AUGUST 12, 1925 40 MARRIED 10A USUAL OCCUPATION (Give kind of work) 08, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? MEDICAL DOCTOR??? NORWALK, CONNECTICUT ???? 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOSEPH SLOMAN FRANCES SPRINGER ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 7. INFORMANT yes, give wor or dotes of service)
KRREAN WAR SECURITY NO. (Yes, no or unknown), (If UNKNOWN MRS. DOROTHY SLOMAN 1633 WINFORD ROAD 21212 INTERVAL BETWEEN CAUSE OF DEATH 6,00 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Barbiturate Intoxication. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No EDICAL 21A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., INJURY OCCUR? UNDERLYING MOR CONTRIB-UTING CAUSE OF DEATH. Albion Hotel, 900 Cathedral Street Hotel Σ 21D TIME 21 F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED (Month) (Doy) (Yeor) (Hour) OF INJURY 165 MHILE AT NOT WHILE Overdose of barbiturate. (APPROX.) P 11 10 Inspection X I certify that I held an Inquiry Autapsy and that an this basis, death In my apinlan Accident Sulcide X resulted from: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 11/12/65 ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Charles S. Petty, M.D. 23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23 D. LOCATION (City, town, or county)

5 Independent Hebrew Society Cemetery - Norwalk, Connecticut
248. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

HUBBARD FUNERAL HOME 4107 WILKENS AVE. 21229

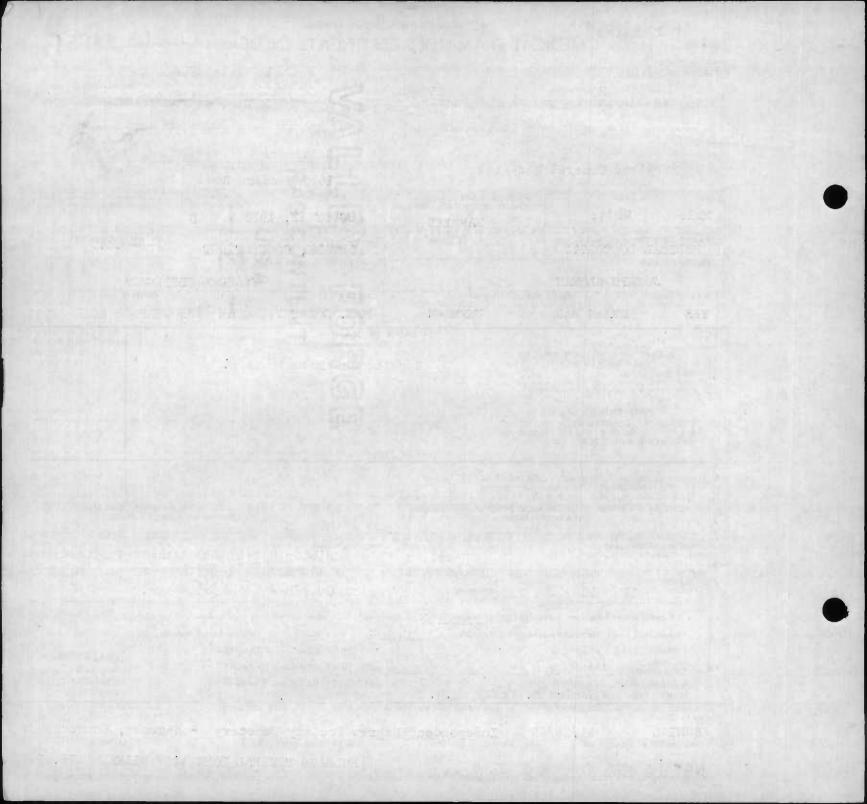
VS 151-REV. 1/1/65

11/14/65

REMOVAL (Specify)

BURIAL

24A, DATE REC'D BY HEALTH DEPT.



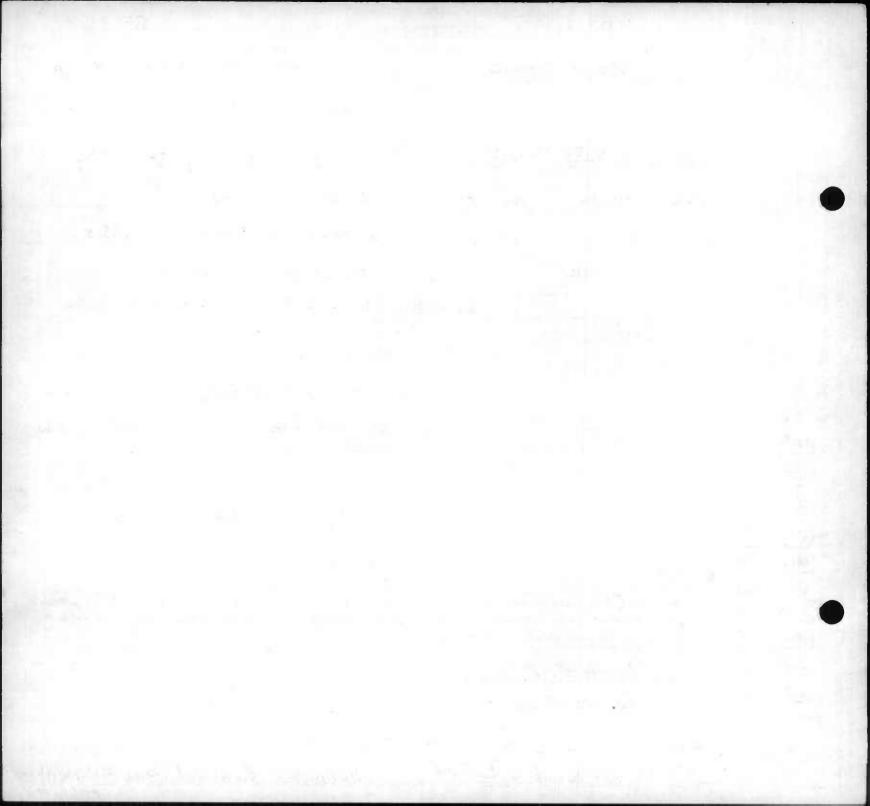
BIRTH N

65 11655 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD PETER J. November 12, 1965 MALINAUSKAS 1:25 A 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Mary land FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If autside carparate limits, write RURAL and give township) ADDRESS OR LOCATION) Baltimore St. Agnes Hospital D. STREET ADDRESS (If rural, give location) 5210 Arbutus Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months , Days , Hours , WIDO WED, DIVORCED (specify) last birthdayi Male White MARRIED May 4, 1915 50 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during mast of working life, even if retired) SCRANTON, PENNSYLVANIA Oil Burner Mechanik= HESS OIL CO. U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME ANTHONY MALINAUSKAS AGNES----15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS (Yes, na arunknawn),(If yes, give war ar dates of service) SECURITY NO. 21227 NO 99-09-7678 KATHRYN L. MALINAUSKAS 5210 ARBUTUS AVE 1B. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease. (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 218. PLACE OF INJURY (e.g., in ar about hame, farm, factory, sheet, affice bldg., INJURY OCCUR? etc.) EDICAL 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. Σ 21D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Haur) OF INJURY m. WHILE AT NOT WHILE (APPROX.) Inspection X Autopsy I certify that I held on Inquiry ond that on this bosis, death in my opinion resulted from: Notural couses X Accident Suiclde Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER SIGNATURE. 11/12/65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY 23B. DATE 23D. LOCATION (City, tawn, ar county) (State) REMOVAL (Specily) BURIAL 11/15/65 MEADOWRIDGE CEMETERY BALTIMORE MARYLAND 248 NAME OF REGISTRAR 24A. DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR ADDRESS

HUBBARD FUNERAL HOME 4107 WILKENS AVE. 21229

5 151 186 V 125 1965 P. D. & E. January

BALTIMORE C	CITY HEALTH DEPARTMENT
BRTH NO. 65 11656 CERTIFIC	CATE OF DEATH Registered No. 65 11856
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Toseph Sirovic	NOU-11,1965 9pm 9 p
3. PLACE OF DEATH IN BALTMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before odmissi
S. PLACE OF DEATH IN BALTIMORE, MARILAND	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	md. Baltimore 1-00
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION .	Baltimore
D minus Cit Heartel	D. STREET ADDRESS (If rural, give location)
Baltimove City Hospital 4940 Eastern Avenue 21224	2642 Mc Elderry St.
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B, DATE OF BIRTH 9. AGE (In years If Under 1 Yr., 1f Under 24 I
WIDOWED, DIVORCED (specify)	tost birthdoy) Months Doys Hours Min.
male white married	12-27-16 48
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	witkes Barre, Penn. U.S.a.
Steel worker Steel	14. MOTHER'S MAIDEN NAME
A 1	
Andrew SLYOUIK	Josephine Harcharik
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	RECORDS:BCH 4940 Eastern Avenue 21224
UNKNOW) 189-01-2860	
58/1/	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DÍSEÁSE OR CONDITION DIRECTLY LEADING TO DEATH	
LEADING TO DEATH	Meumonia / day.
(This daes not meon the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
injuly al camplication which coused death.)	Proposition = anotal amos
ANTECEDENT CAUSES (B)	woodway c wicces 1110c.
DISEASES OR CONDITIONS, if ony, giving	preumonia / day. Errhosis = ascites 9 mos. alcoholism several years
	acconocism Theral years
UNDERLYING CONDITION loss,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	VQS. Yes
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, factory, street	g., in or obout T.C. WHERE DID (II in Baltimore City, give exact location) t, office bldg., INJURY OCCUR?
DEATH (natify medical examiner) etc.)	y white way, Histori Occor:
D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
While At Net \	While
(APPROX.) Work AI W	/ork
22. I certify that((1)(this hospital) attended the deceased from	NOU. 9 1965 to NOU. 11 1965
that (1) (we) lost saw the deceased alive on NOV. (1	19.65 and that In(my) (our) opinion dooth accurred on the
and hour and from the couses stated obove. (1) (We) (did) (did no	
23A. SIGNATURE	23B. DATE SIGNED
Danie Hotelucher M.D.	Attending Med. Director Staff Phys. Staff
23 C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	1.D. Ralturine C. T. HariTI
	Baltomore any Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or county) (State
Build Is was Dear and the	+ (Emetery Dallas Penney Ingill
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 15 1965 Robert E. Farbura	
40000	Hubbarro Funerial Home 4107 WILK
VS 150-REV. 1/1/65	AUE,#



BALTIMORE CITY HEALT	TH DEPARTMENT

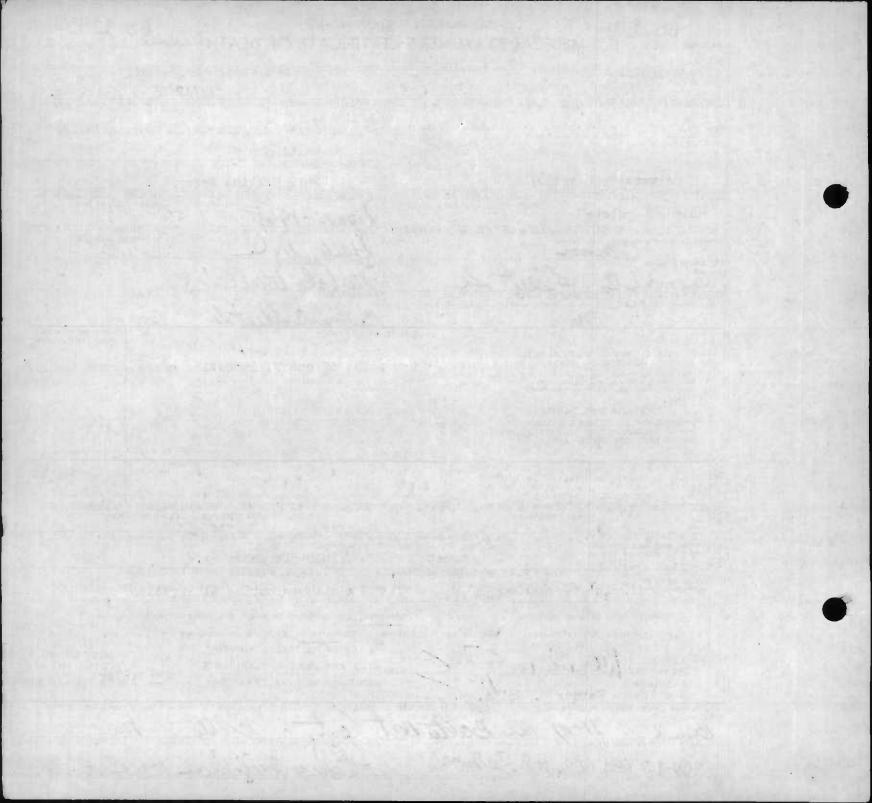
65 11657 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2, DATE AND HOUR PRONOUNCED DEAD BELMAR FLEET 11:29 p. M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland
C. CITY OR TOWN "If outside corporate limits, write RURAL and give township) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (If rurol, give location) University Hospital 2412 Hollins Ferry Rd. B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. If Under 24 Hrs. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) lost birthdoy Months Doys Hours Min. male colored 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or 12. CITIZEN OF foreign country) WHAT COUNTRY? done during most of working life, even if retired) mison 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 7. INFORMAN SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Stab wound of chest, involving heart (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) |20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. etc.) 2400 Blk Anore St. street 21D TIME 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY 11:00p WHILE AT NOT WHILE IN stabbed during altercation (APPROX.) 22. Autopsy X and that an this basis, death in my opinian I certify that I held an Inquiry Inspection ___ Hamicide X resulted fram: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. 11/13/65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Werner U. Spitz 23A, BURIAL CREMATION, 23B. DATE 23D. LOCATION (City, town, or county) (Stote) 23C. NAME of CEMETERY or REMOVAL (Specify)

E. FarberM 5

24C, FUNERAL DIRECTOR

ADDRESS

VS 151-REV, 1/1/65



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

65 11658 rect or contributing cause of death (4) Undetermined cause; (5) Deceased CERTIFICATE OF DEATH BIPTH NO Such M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH no (Type or Print) EAGERS. Joseph A. eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance the direct or contributing cause Maryland (If not in hospital or institution, give street FULL NAME OF Baltimore 0 HOSPITAL OR address or location attend 0 Baltimore St. Joseph's Hospital prior D. STREET ADDRESS (If rural, give location) 1508 Underwood Road is made. regular 6. PACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX deceased WIDOWED DIVORCED (specify) lost birthday 10-17-93 male white 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) final disposition done during most of working life, even if retired) = Bank Presiden Baltimore, National Danuland Was the 14. MOTHER'S MAIDEN NAME Henry G. Eagers

15. Was Deceased Ever in U. S. Armod Forces?
(Yes, no or unknown)(If yes, give wer or dates of sorvice) Maru Kennedy death LO kind; 6. SOCIAL SECURITY NO. attendance 10 Ars. Caru I. racens. any pronounced 10 DISEASE OR CONDITION DIRECTLY A SO. 90 embalmed LEADING TO DEATH Myocardial infarction fracture (This does not mean the made of dying, heart failure, asthenia, etc. It means the disease, the chief medical examiner OF injury or camplication which caused death.) regul ANTECEDENT CAUSES who DUE TO are 4 DISEASES OR CONDITIONS, if any, giving <u>e</u> rise to the above cause (A) stating the physician UNDERLYING CONDITION Inst. the remains Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the by a WAS PERFORMED before 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (o.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where to the hospital °N DEATH (notify modical examiner) otc.) nature; approved by WEDIC be obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 (except While At Not While (APPROX.) and Work At Work shows: (1) An accident of any 22. I certify that (1) (this haspital) attended the deceased from... November 13 19 65 10 November 13 November death); that (1) (we) last sow the deceased alive on... ond that in (my) (our) opinion death occurred on the date hospital the body was released and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. prior to Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS 40 NAME (Typo) M.D arangal Teodoro R. 1400 N. Caroline St. was D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY deceased 24D, LOCATION (City, town, or county) REMOVAL (Specify) 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. i.oran,

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 10:25 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give tawnship) If Under 1 Yr., If Und If Under 24 Hrs. 12. CITIZEN OF

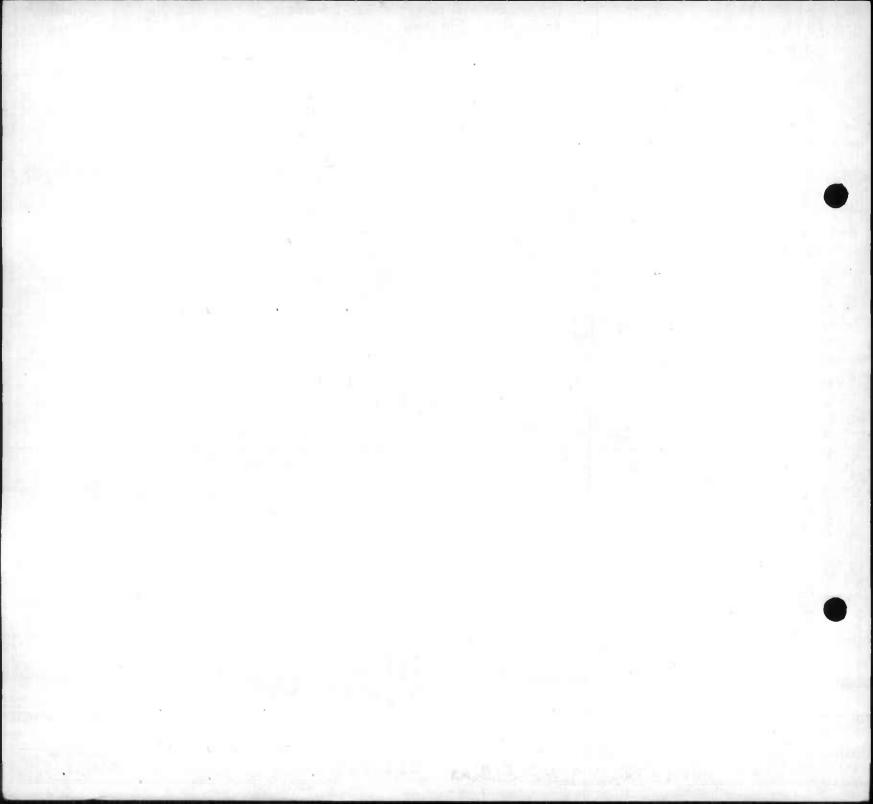
ADDRESS

Underwood.

11-13-65

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ONSET AND DEATH



VS 150-REV. 1/1/65

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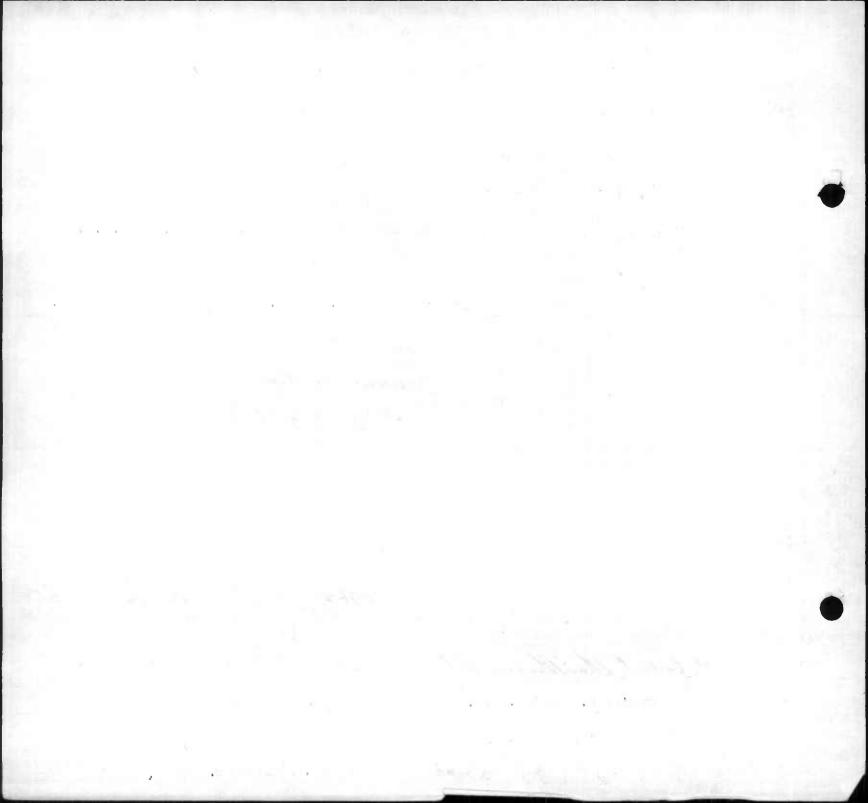
attendance

BALTIMORE CITY HEALTH DEPARTMENT Registered No.5 11659 65 11659 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Pont) (Type or Point) Joseph Anthony Lynch
3. PLACE OF DEATH IN BALTIMORE MARYLAND November 16. 1965 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) (If not in hospital at institution, give street FULL NAME OF HOSPITAL OR address or tocation) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS (If rural, give lacation) 3307 Leverton Avenue Leverton Avenue 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 24 Hrs. If Under 1 Yr. WIDOWED, DIYORCED (specify) lost birthday) Hours Arinnied 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bethechem Steel boss-Pipe mill U. Jakle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wes Decesed Ever in U. S. Armed Farces? 17. INFORMANT 1 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO Mrs. Anna D. Lynch 3301 Leverton Ave. NO INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFICA 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? IYes or No! WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If in Boltimare City, give exact lacotion) MEDICAL DEATH (notily medical examined etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While White At (APPROX.) At Wark Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an..... 196 and that In(my) (aur) apinian death accurred on the date and haur and fram the causes stated abave. (1) (We) (dld) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Charles C. MacMinn, M.D. 2900 E. Baltimore Street M.D. 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY er CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Holy Redeemen Cemetery

25C. FUNERAL DIRECTOR

Moran Inc. 3000 E. Baltimore St.

25B. NAME OF REGISTRAR



VS 151-REV. 1/1/65

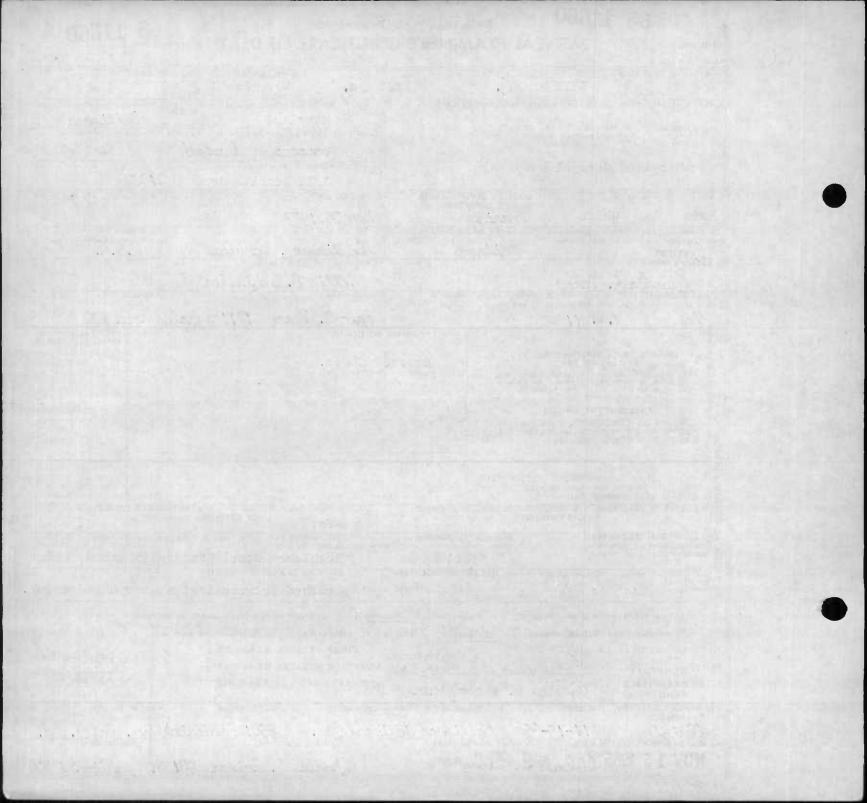
65 1166	BALTIMORE CITY HEA	LTH DEPARTMENT	X 65 11660
BIRTH NO.	EDICAL EXAMINER'S C	ERTIFICATE OF DEAT	H Registered No.
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print) CLA	YTON C. PERRY		12, 1965 12:37 A
3. PLACE IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where deceased A. STATE Maryland	B. COUNTY Baltimore
HOSPITAL OR ADDRESS OR	DSPITAL OR INSTITUTION, GIVE STREET LOCATION)	1/	te limits, write RURAL and give tawnship)
Maryland Gener	al Hospital	D. STREET ADDRESS (If rural, give loc 1711 Searles F	ofian)
5. SEX 6. RACE Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. A	GE (In years if Under 1 Yr. If Under 24 Hrs. birthday) Manths, Days, Hours, Min.
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if ref	of work 108 KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
(Layton G. Pen		Baltimore, Marylo 14. MOTHER'S MAIDEN NAME Nellie B. Schisse	
15. WAS DECEASED EVER IN U.S. AL	RMED FORCES? 16. SO CIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor o	r dates of service) SECURITY NO.	Erma M. Perry 1711	Searles Road #22
1B. E & 10.0	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITIO	N DIRECTLY	ed Chest.	
LEADING TO D (This does not mean the man heart failure, asthenia, etc., It rinjury or complication which co	de of dying, e.g., DUE TO	eu Gliest.	
ANTECENDENT C. DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE	IF ANY, GIVING (B)		
UNDERLYING CONDITION L	AST. (C)		
O THE DEATH BUT NO DISEASE OR CONDITION CAN	T RELATED TO THE		
	CONDITION FOR WHICH OPERATION S PERFORMED	Yes Yes or No. 208. IF	YES, WERE FINDINGS CONSIDERED THE THE THE TENTON THE TE
Vala, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) Steel Plant	in or obout 21C. WHERE DID (If in Boll office bldg. INJURY OCCUR? Bethlehem Steel	imore City, give exect locofion)
OF INJURY (APPROX.) 11 7	(Year) (Hour) 21E. INJURY OCCURRED	21f. How do INJURY occ	or? freight train and truck
22. I certify that I held a		tapsy and that on this basis	
resulted fram: Natura	al causes Accident X Sulci	de 🗌 Hamicide 🗌 Undeter	mined manner .
ACTUAL SIGNATURE	Ohales I leiter 4.	CHIEF MEDICAL EXAMINE , ASSISTANT MEDICAL EXAMINE	R X
EVAMINED'S	arles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINE	
23A. BURIAL CREMATION, 23B. DA	TE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION	N (City, town, or county) (State)

Burial 11-15-65 Baltimore National Cem. 5501 Frederick Ave. Balto., Md.

24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FÜNERAL DIRECTOR ADDRESS

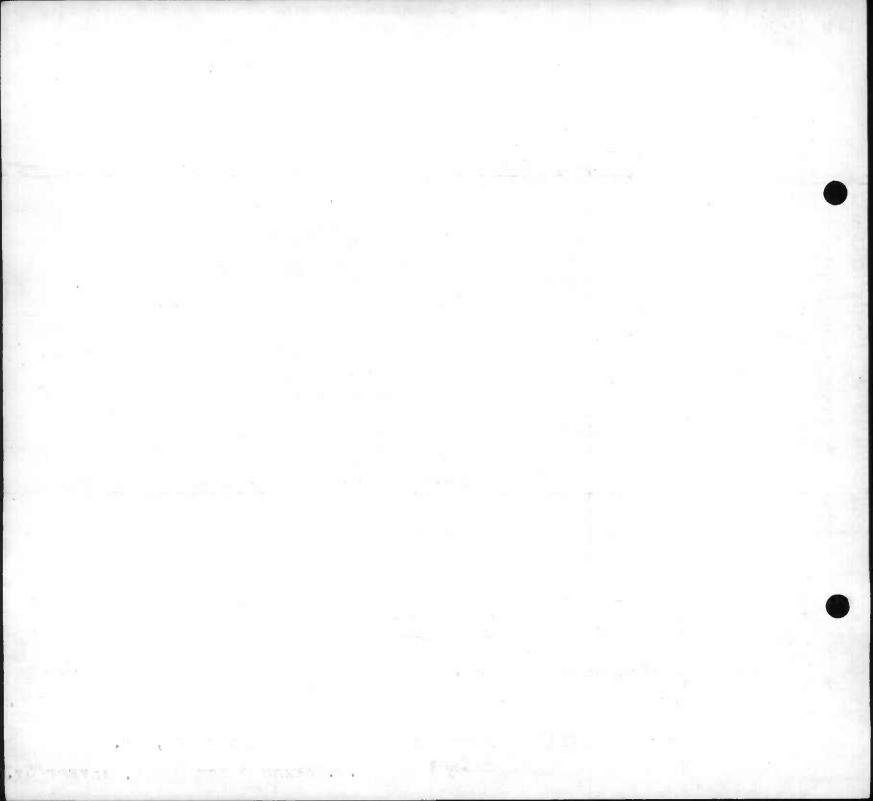
NOV 15 1965 Robert E. Farbey M. Charles S. Zeiler 901 S. Conklans & #24

Charles S. Zeiler 901 S. Conkling St #24

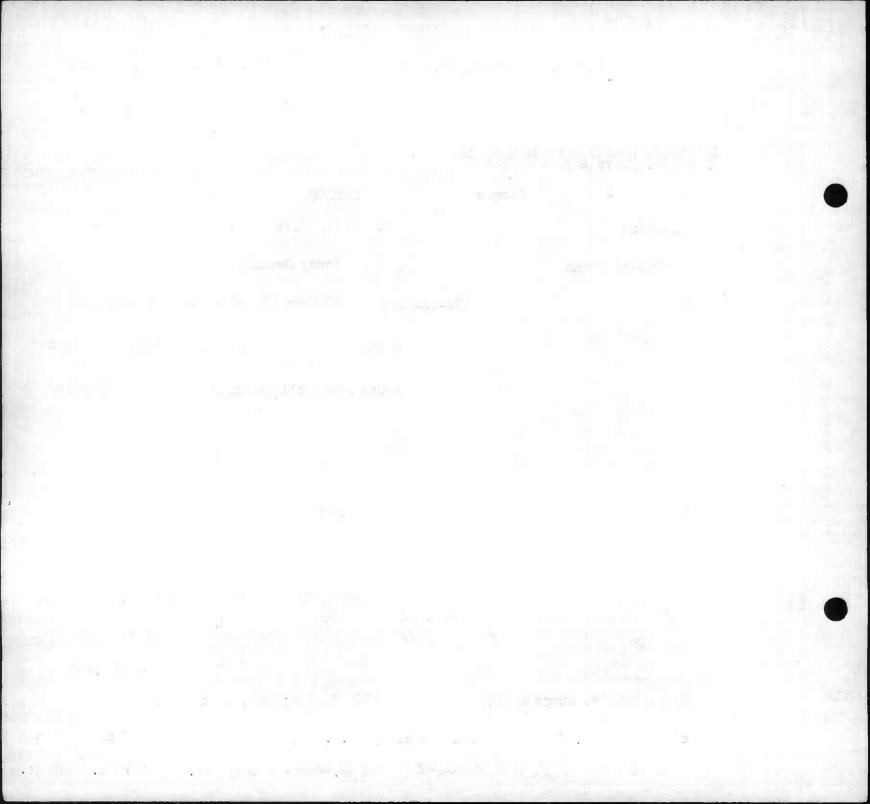


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death Shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such This certificate must be appraved by the chief medical examiner ar his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

		BALTIMORE CITY	HEALTH DEPARTMENT		
	н но. 65 11661	CERTIFICA	TE OF DEATH	legistered No	65 11661
	, CASE NO. AME OF DECEASED		2. DATE AND HE	OUR OF DEATH	
	a a. D-i-s)	OLAN	_		1 8 P.
3. PL	LACE OF DEATH IN BALTIMORE MARYLAN		November November	ceosed lived. If institu	tion: residence before admissio
			A. STATE B. COUNTY		
	ULL NAME OF (If not in hospital or ins	titution, give street	Maryland		11-0
	OSPITAL OR oddiess of location) NSTITUTION		C. CITY OR TOWN (If outside		AL ond give township)
1	JENKINS MEMORIA	L HOSPITAL	Baltimor		
/	1000 SOUTH CA	TON AVENUE		give location)	
	BALTIMORE	MD 21229	805 St P	'aul St.	
5. SE	EX 6. RACE 7. M	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specily) Adowed O	b. DATE OF BIRTH 9. AC lost to	GE (In years of Mithiday)	Under 1 Yı. If Under 24 Honths Doys Hours Min.
10A.	USUAL OCCUPATION (Give kind of work 108. 1				2. CITIZEN OF
	during most of working life, even if retired)	II and the Township	D-74-5 36-3		WHAT COUNTRY?
	Hospital Technician	Hospital work	Baltimore, Md.		USA
	Andrew Behr		Mary XXXXXX	FINNERTY	
15. W	Nos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
163,	,no or unknown) (If yes, give wor or dotes of s		D W-3: 7 D-	named n	
1.	18.	213-05-9628		cords Room	- INTERVAL BETWEEN
1	110) 1-		ONSET AND DEATH
	DISEASE O'R CONDITION DIRECTL LEADING TO DEATH	Υ	Van Tin		10 6
	(This does not meen the made of dying	(A)	repulline		5 days
N	rise to the obave cause (A) statis UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTE TO THE DEATH BUT NOT RELATED	RIBUTING			
ATI	DISEASE OR CONDITION CAUSING IT.	Chronic	Brain Syno	drom e	Xeavs.
	19A. DATE OF OPERATION 198. CONDITION WAS PERFORM		20 A. AUTOPSY? (Yes or No) 201 IN	E. IF YES, WERE FIND CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of	n or obout 21C. WHERE DID	(II in Baltimore Cit	ty, give exoct locotion)
EDI	21D. TIME (Month) (Doyl (Year) (Ho	ur) 21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
5	OF INJURY (APPROX.)	While At Not While			
		Work At Work		-5	
2	22. I certify that (4) (this hospital) atta	ended the deceosed from	Oct 7 196		1/ // 19 6:
1	that (+) (we) last sow the deceased oli	ve on	19 46 ond that in	(my) (aur) opinia	n deoth occurred on the c
	and hour and from the couses stated a	bove. (1) (We) (did) (did not)	new the body ofter death.		
2	23A. SIGNATURE			23	B. DATE SIGNED
	O. Rayana J.	LO DIDO M.D. Atte	ending Med. Stoll Phys		11/12/60
5	23C. PHYSICIAN'S		23D. ADDRESS	• —	4/11/45
	NAME (Type)			J Hagnatal	
	J. RAYMOND GLADUE	M.D.	Jenkins Memoria		
24A.	REMOVAL (Specily) 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D, LOCAT	TION (City,)	town, or county) (State
1	BURIAL 11/13/6	5 CATHEDRAL	RA	LTIMORE,	MD.
	DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	MI AMOREM &	ADDRESS
	NOV 16 1965 120 6	y straubant	II II M 0	0 005	17 0
	HOLT A MOO HITTON	Car Acres Agenda	VI W INTADO	SOM WITH	ווי פוים דו דו או
/S 1	150-REV. 1/1/65	C, down,	H.W. MEARS &	SON 805	N. CALVERT



	65 11662	10		HEALTH DEPARTMENT	X	C5 11000
BIRTH NO. M.E. CASE NO.	P3 11005	Cross	CERTIFICA	TE OF DEATH	Registered No.	65 11662
1. NAME OF DEC		Lee Eva	ns, Jr.		ov. 14, 1965	
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	-	4. USUAL RESIDENCE (Whe		nstitution: residence before admissio
FULL NAME			give street	W.Va.		V-46
1 HOSPITAL OR	oddress ar lacation	n)		C. CITY OR TOWN (If ou Oak Hil	11	RURAL and give township)
US Publi Wyman Pk	c Health Serv	ice Hosp	pital	D. STREET ADDRESS (IF RFD #1	rural, give lacation)	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH 7/17/47	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hr Manths Doys Haurs Min.
dane during mast at	UPATION (Give kind af wark I warking life, even if retired) dent		BUSINESS OR INDUSTRY	ak Hill, W.Va.	ign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
H	ubert Evans			Pansy Swan	nigan	
5. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	3.4	ADDRESS
no	in yes, give war ar our	s di service	234-74-3159	Records- US	PHS Hospit	al, Balto, Md .
18.20	4./1		CAUSE O	F DEATH		INTERVAL BETWEEN
	SE OR CONDITION DI	RECTLY	Aa	ute gastrointest	tinal homom	chare. days
(This does	LEADING TO DEATH	dvina. e.a	(A) DUE TO	massive	ULITEL REMOTA	11060, 4470
heart failure	, asthenia, etc. It means mplication which coused	the disease,	50110	Madbitto		
injury at ca	ANTECEDENT CAUSES		(B) AC	ute stem cell le	eukemia	Months
DISEASES	OR CONDITIONS, if		DUE TO			
rise to the	ne abave cause (A)		(C)	rologo melament ni O ni O O O O O O ni ni ni ni O O O O	40 × 0 × 0 × × × × × × × × × × × × × × ×	woveness 4 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLIIN	G CONDITION Iosi,	_				
E TO THE I	IFICANT CONDITIONS COEATH BUT NOT RELA	ATED TO TH				
	F OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner		ie, farm, factory, street, a	ffice bldg., INJURY OCCUR?	(If in Boltima	re City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	Wh	INJURY OCCURRED		URY OCCUR?	
	y that (1) (this haspita	Wo			1965 to 1	Nov. 14 1965
						inian death occurred on the de
,				view the body after death.	ior m (my) (our) op	mon death accourse on the de
23A. SIGNAT		red dbdve. X	("" (" (" (")) (") (") (") (")	view the body differ deoffi.		23B, DATE SIGNED
111	1001 king 2	10100	M.D. Att	ending Med.	Staff Phys.	11/15/65
WM. L	ANS. Type Wilkie, Surg	zeon (R)		23D. ADDRESS		
24A. BURIAL CR	EMATION, 248, DATE		AME of CEMETERY of CR			City, town, or county) (State)
REMOVAL	(Specify)		Smith Cemeter		Oak Hill	West Virgini
	D BY HEALTH DEPT.		F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
NO			Farbagha .	Wm. Cook-Bro		1217 St. Paul St
VS 150-REV, 1/1				Will GOOK BLO	,	



Such

death.

of death

		BALTIMORE CITY HEALTH DEPAR	TMENT	
M.E	TH NO. 65 11663	CERTIFICATE OF DE		65 11663
	pe or Print)	1 n	ATE AND HOUR OF DEATH	
	Ormalrena.	James 19	Mor. 12,19	65 6:15 AM.
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESID	ENCE (Where deceased lived, 11 in B. COUNTY	stitution: residence before admission)
1	FULL NAME OF (If not in hospital or institute oddress or location)	on, give street	Y A N d	9-07
-	NSTITUTION TO TOWN HO	DKINI HOIDING BA	1+imbra	CORAL Olla give lownship)
	5 1112 7 01113 110	D. STREET ADDR	ESS (If rurol, give locotion)	
		2726	The HIAN	EMA
5. S		IED, NEVER MARRIED WED, DIVORCED (specify) 1 (10 W G)	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN) e during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done	Retired	Balto.	Md.	WIAI COUNTAI;
13.	FATHER'S NAME	14. MOTHER'S M		
	Dride D.	C	/ (0	1-
15.1	Wos Deceased Ever in U. S. Armed Forces?	rong OHF	TAG Crop	ADDRESS
		1 6. SOCIAL 17. INFORMANT		
(Yes	s, no or unknown) (II yes, give wor or dotes of servi	ce) SECURITY NO.		
(Yes	s, no or unknown) (II yes, give wor or dotes of servi	security No. 216-05-9918 Mrs. Bark	para Chaudron 272	
(Yes	s, no or unknown) (II yes, give wor or dotes of servi	ce) SECURITY NO.	para Chaudron 272	26 The Alameda 18
(Yes	yes WW1	216-05-9918 Mrs. Bart	para Chaudron 272	26 The Alameda 18
(Yes	yes (II yes, give wor or dotes of servi	216-05-9918 Mrs. Bart CAUSE OF DEATH	para Chaudron 272	26 The Alameda 18
(Yes	yes IB. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying,	216-05-9918 Mrs. Bart CAUSE OF DEATH (A) DUE TO	para Chaudron 272	26 The Alameda 18
(Yes	yes (II yes, give wor or dotes of servi	216-05-9918 Mrs. Bart CAUSE OF DEATH (A) DUE TO	para Chaudron 272	26 The Alameda 18
(Yes	s,no or unknown) (II yes, give wor or dotes of serving the serving the serving that the ser	216-05-9918 Mrs. Bart CAUSE OF DEATH (A) DUE TO	para Chaudron 272	26 The Alameda 18
(Yes	This does not mean the made of dying, heart failure, asthenia, etc. it means the dise injury or complication which caused death.)	CAUSE OF DEATH (A) DUE TO (B) DUE TO	para Chaudron 272	26 The Alameda 18
(Yes	18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. it means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stating	CAUSE OF DEATH (A) DUE TO DUE TO OTHER DEATH (B) DUE TO OTHER DEATH (CAUSE OF DEATH	para Chaudron 272	26 The Alameda 18
(Yes	18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. it means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gir	CAUSE OF DEATH (A) DUE TO DUE TO OTHER DEATH (B) DUE TO OTHER DEATH (CAUSE OF DEATH	para Chaudron 272	26 The Alameda 18
(Yes	s, no or unknown) (II yes, give wor or dotes of serving the serving that it is not made and the serving that it is not mean the made of dying, heart failure, asthenia, etc. it means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, give is a the above cause (A) stating UNDERLYING CONDITION last.	CAUSE OF DEATH (A) DUE TO DUE TO (B) CAUSE OF DEATH (C) CO CO CO CO CO CO CO CO CO C	para Chaudron 272	26 The Alameda 18
(Yes	18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. it means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stating	CAUSE OF DEATH CAUSE OF DEATH (A) DUE TO DUE TO (B) DUE TO TING	para Chaudron 272	26 The Alameda 18
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(Yes	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITIONS CONTRIBUTOR TO THE DEATH SIGNIFICANT CONDITIONS CONTRIBUTOR THE DEATH BUT NOT RELATED TO DISEASE OR CONDITIONS CONTRIBUTOR THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO TH	CAUSE OF DEATH CAUSE OF DEATH (A) DUE TO DUE TO (B) DUE TO TING	sperati (Colon)	INTERVAL BETWEEN ONSET AND DEATH
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AL CERTIFICATION	IB. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. it means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, give is a barrier of the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED MAS PERFORMED THE LEADING TO THE LEADING	CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH (A) DUE TO DUE TO TING THE ADDITION OR WHICH OPERATION 20 A. AUTOPSY Deforation 20 A. AUTOPSY Deforation 20 A. AUTOPSY	Colony Carolia (Colony Colony Colon	INTERVAL BETWEEN ONSET AND DEATH STINDINGS CONSIDERED USES OF DEATH?
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22. I certify that (fithis haspital) attended the deceased from

Al Work

that 🌃 (we) last saw the deceased alive

19 and that Interp (aur) opinion death accurred on the date

and hour and from the causes stated above. (We) (did) (did total) view the bady after death, 23A. SIGNATURE

Aff ef #	
23 C. PHYSICIAN'S	in in

Attending Phys. Med. Director Stoll Phys. M.D. 23D. ADDRESS

23 B. DATE SIGNED

GERTNER H.R. JR.

THE HOPKINS JOHNS 24D. LOCATION

HOSPOTAL

24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specily)

(Stote)

rec'd by Health Dept. 258. Name Of Begistrar
NOV 16 1965 Robert E. Farbeyna 25A. DATE

Balto. Md.

ADDRESS 31

VS 150-REV. 1/1/65

(APPROX)

Son/2024 Orleans St

(City, town, or county)

· VIII • UZ-15

. The many trees

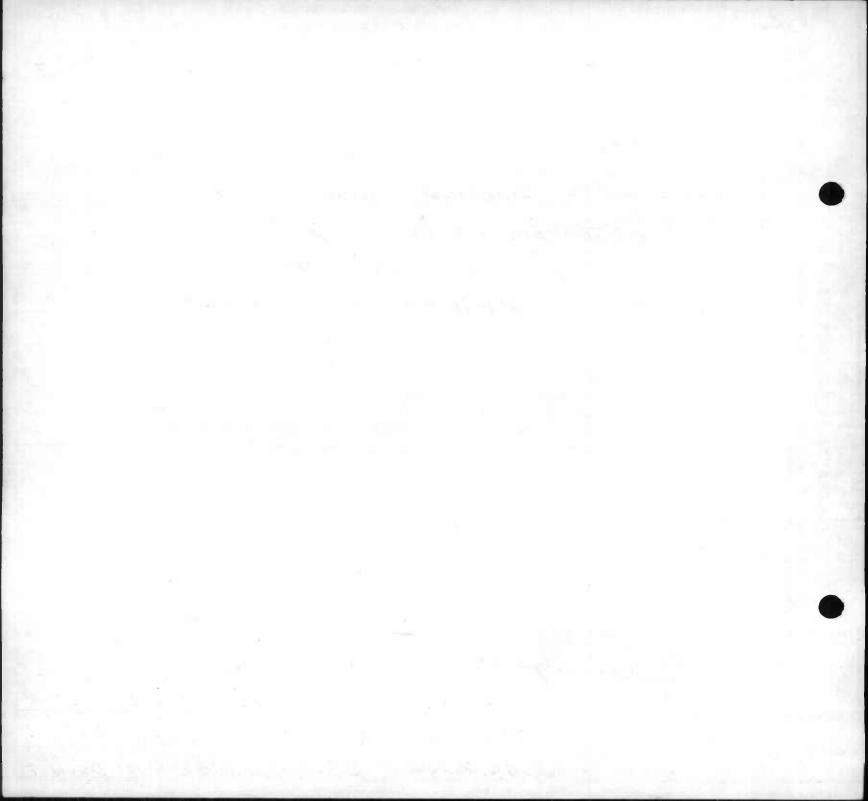
V\$ 150-REV. 1/1/65

a hospital and

BIRTH NO.		BALTIMORE CITY		
M.E. CASE NO.	65 11663	CERTIFICA	TE OF DEATH Registered No.	65 11665
1. NAME OF DE		1cCAW POST	2. DATE AND HOUR OF DEAT November 13	
FULL NAME	OF (If not in hospital	ARYLAND or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY Maryland	institution: residence before odmi
HOSPITAL OR	oddress or locotic		C. CITY OR TOWN (If outside city limits, write Baltimore	e RURAL ond give township)
33	08 Gilman Ter	race (11)	D. STREET ADDRESS (If rurol, give locotion) 3308 Gilman Terrace	
5. SEX Female		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widow	Oct. 1, 1886 9. AGE (In years to birthday) 79	If Under 1 Yr. If Under 2: Months Doys Hours A
	CUPATION (Give kind of wo working life, even if retired) WIFE		11. BIRTHPLACE (Stote or foreign country) Richmond, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NA	Thomas V	. McCaw	14. MOTHERS MAIDEN NAME Nina F. Pizzini	
15. Wos Deceose (Yes, no or unknow NO	d Ever in U. S. Armed Fo	orces? es of service) 16. SOCIAL SECURITY NO. 220-44-1553		2 W. Franklin Strichmond, Virginia
heort foilure injury or co	not meen the mode on ostherio, etc. It meen mplication which couse ANTECEDENT CAUSE OR CONDITIONS, if	s the disease, d death.) S (B) OUE TO	ronny scleron	is 7 typ
UNDERLYIN	G CONDITION lost.	sloling the (C)	ing Varitab	20 2
UNDERLYIN OTHER SIGN TO THE I	INCOMPTION IOST. INFICANT CONDITIONS DEATH BUT NOT RELE CONDITION CAUSING FOPERATION 19B. CO	contributing the (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER	Z O J
UNDERLYIN OTHER SIGN TO THE I DISEASE OF 19 A. DATE OF 20 A. CONTRIB	INCOMPTION IOST. INFICANT CONDITIONS DEATH BUT NOT RELE CONDITION CAUSING FOPERATION 19B. CO	CONTRIBUTING ATED TO THE TITLE IT. REFORMED	n or obout 21 C. WHERE DID (If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?
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UNDERLYIN OTHER SIGN TO THE I DISEASE OF 19 A. ACCIDI OR CONTRIB DEATH (notif) 21 D. TIME OF INJURY (APPROX.) 22. I certifithot (I) (we ond hour or 23A. SIGNAT	INTERPOLATION (Day) WAS PERMATION (Day) (Month) (Day) (Year) Type) ME obove couse (A) IIIII CANT CONDITIONS IIIII CANT CONDITIONS (WAS PERMATION (Day) (Year) (Month) (Day) (Year) IIII CANTER (Day) (Month) (Day) (Year)	CONTRIBUTING ATED TO THE TIT. NOTITION FOR WHICH OPERATION REFORMED 21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Hour) 21 E. INJURY OCCURRED While At Not While At Work oll) ottended the deceosed from	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	pinion deoth occurred on th

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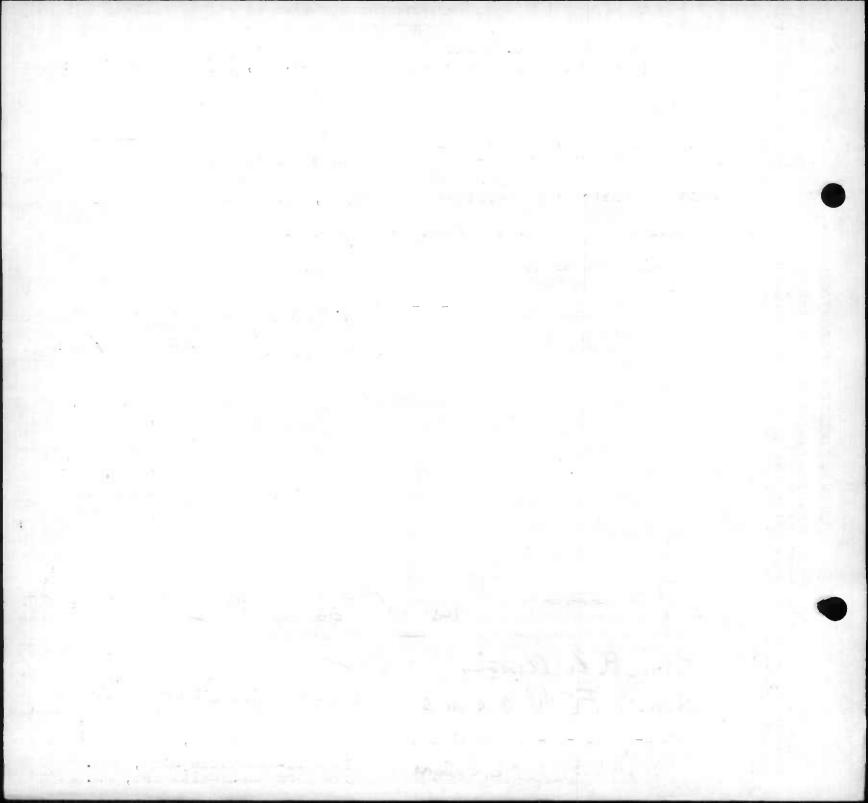
1000	BALTIMORE CITY HE	ALTH DEPARTMENT		65 11666
BIRTH NO. 65 11666	CERTIFICATI	OF DEATH	Registered Na.	00 11000
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) EDWARD CHARG	ES RUN	2. DATE AND	HOUR OF DEATH	5 1 5120 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4.		deceased lived. If insti	nution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location) INSTITUTION		CITY OR TOWN (If outsi	de city limits, write RU	RAL ond give township)
3223 FAIT AUE.	D.	STREET ADDRESS (If ru	tol, give location)	
5. SEX 6. RACE 7. MARRIED, NE WIDOWED, E MARRIED, NE WIDOWED, E MARRIED, NE	VER MARRIED DIVORCED (specify)		AGE (In yeors st birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if retired)	ISINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	- 9	MOTHER'S MAIDEN NAM	E	V- 2/
15, Was Deceased Ever in U. S. Armed Forces? 16	SOCIAL 17.	O L G A		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 01-4257 /	MRS. ELIZ. A	UND 322	A
18. 443 X I	CAUSE OF E		,	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) he	mplegia	nx	45days
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	4		
injury or complication which coused death.) ANTECEDENT CAUSES	(B) Mype	louseve Caro	worsinler	- 10 yp
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	DUE TO		asser	
UNDERLYING CONDITION Iasi.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 8. PL. home, etc.)	ACE OF INJURY (e.g., in or form, factory, street, office	obout 21C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
	At Not While At Work	21F. HOW DID INJU	RY OCCUR?	-
22. I certify that (I) (this hospital) attended the	deceased from	July 30 19	65 to 11.	-15- 1965
that (I) (we) last saw the deceased alive an	11-15-65		tin(my) (que) apinlo	an death accurred an the date
and haur and fram the causes stated abave. (1) (1 23A. SIGN/ATURE	We) (did) (did_mat;) viev	v the bady after death.	2	38. DATE SIGNED
Stanley B. Rhyanon	M.D. Attending	Director P	toff hys.	11-15-65
23 C. FHYSICIAN'S NAME (Type)	U : MD	ADDRESS	et Nice	Rolls y mal
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	WIC Z	ATORY 24D. LO	CATION (City,	town, or county) (Stote)
BURIAL 11/18/65 OA	KLAW,	N BA	200. Co	, MD.
NOV 16 1965 Republication 258. NAME OF	Earbey Mile	25C FUNERAL DIRECTOR	m. 3218	Hupson S.



	6.1			BALTIMORE CIT	Y HEALTH DEPARTMENT		OF AADDY
AA. I		5 11657		CERTIFICA	ATE OF DEATH	Registered Na.	65 11667
	E. CASE NO.	ED			2. DATE AN	D HOUR OF DEATH	
{Typ	pe or Print)	larence P	Fiel	han	Nov 1	2,1965	18:45 B
3. 1	PLACE OF DEATH	IN BALTIMORE, MAR	MLAND	1101.	4. USUAL RESIDENCE I When	e deceased tived. If instit	ulion; residence before admis
	FULL NAME OF	(If not in hospital a		give street	Maryland C. CITY OR TOWN (If out		13-07
	HOSPITAL OR	oddress or location)			Baltimore	side city limits, write RUI	RAL and give township)
7	Union M	lemorial H	osp.		D. STREET ADDRESS (If	urol, give locotion)	
5. 5	ceu I/ e	ACE	7 44 4 0015	NEVER MARRIED		AGE (In years	If Under 1 Yr., If Under 24
	Male	White		D, DIVORCED (specify)		ost birthdoy	Aonths Doys Hours M
IDA	LUSUAL OCCUPA		10B. KIND O	F BUSINESS OR INDUSTR		gn country)	12. CITIZEN OF WHAT COUNTRY?
		ing lile, even if retired)	D 0.	O D D	Manueland		U.S.
31	gnal For	eman	Dœ	0. R.R.	Maryland	AE	0.0.
	Michael	Hogan.			Bessie Fish	er.	
15. (Ye:	Wos Deceased Eve	yes, give wor or doles	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7 - 10	ADDRESS .
	Yes	2nd W.W.			Margaret M.	Fisher, 712	Berry St.
-	18. //) ^	ZIIU W.W.		CAUSE	OF DEATH	- 101101 0 1 111	INTERVAL BETWEEN
	DISEASE C	OR CONDITION DIR	ECTLY				ONSET AND DEATH
		DING TO DEATH	3.0.	In C	DRONARY THIS	OMBOSIS	3 hrs.
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		henio, etc. It means alian which caused					
		ECEDENT CAUSES		(B)		· · · · · · · · · · · · · · · · · · ·	***************************************
		CONDITIONS, if a	inv sinir-	DUE TO			
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	UNDERLYING C	ONDITION last.					
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RTIFICATION	TO THE DEAT DISEASE OR COI	ANT CONDITIONS CO H BUT NOT RELANDITION CAUSING IT	TED TO THE		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED
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EDICAL CE	TO THE DEAT DISEASE OR COI 19A. DATE OF OP 21A. ACCIDENT NOR CONTRIBUTIN DEATH (notify me 21D. TIME OF INJURY (APPROX.) 22. I certify tha	ANT CONDITIONS COME BUT NOT RELANDITION CAUSING ITERATION 198. CONING ITERATION WAS PERFORMAS UNDERLYING CAUSE OF dicol exominer)	TED TO THE CONTROL TH	B. PLACE OF INJURY (e.g., n.e. form, foctory, street,) E. INJURY OCCURRED hile At	office bldg., INJURY OCCUR?	(If in Boltimore C	ES OF DEATH? Sity, give exoct locotion) AOU 172 196
EDICAL CE	TO THE DEAT DISEASE OR COI 19A. DATE OF OP 21A. ACCIDENT OR CONTRIBUTIN DEATH (notify me OF INJURY (APPROX.) 22. I certify that (I) (ine) last	ANT CONDITIONS CONDITIONS CONDITION CAUSING ITERATION 198. CONDITION CAUSING ITERATION (CAUSE OF dicel examiner) It (1) (this hospital) it saw the decease	IED TO THE. I. DITION FOR ORMED 211 hor etc (Hour) 216 WW. W. Additional or of the control of	WHICH OPERATION B. PLACE OF INJURY (e.g., ne., form, foctory, street,) E. INJURY OCCURRED hile AI Work AI Work the deceased fram	office bldg., INJURY OCCUR?	(If in Boltimore C	ES OF DEATH? Sity, give exoct locotion) AOU.12.196
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MEDICAL CE	TO THE DEAT DISEASE OR COI 19A. DATE OF OP 21A. ACCIDENT NO OR CONTRIBUTIN DEATH (notify me 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) las and haur and fre 23A. SIGNATURE COLLO 23C. PHYSICIAN'S NAME (Type)	ANT CONDITIONS COME BUT NOT RELANDITION CAUSING ITERATION 198. CONING ITERATION 198. CONING CAUSE OF dicel examiner (I) (this hospital) it saw the decease arm the causes state CAUSE OF CAUSE O	TED TO THE DITION FOR ORMED (Hour) 216 (Hour) 216 WW. W.	B. PLACE OF INJURY (e.g., n.e., form, factory, street, n.e., form, factory, factory	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 12	ORY OCCUR? 18 in Boltimore Court occur? 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ES OF DEATH? Sity, give exact location) AUGULI 12 19 5 an death occurred an the 3B. DATE SIGNED 11 -14-65 T/7008, M2 town, or county) (Sta
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• AND A STATE . at Estadas av 1 to 12 to 6 A de de

+	65 11668		BALTIMORE CITY	HEALTH DEPARTMENT		CF 44000
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered No	03 11008
M.E. CASE NO. I. NAME OF D Type or Print)		am &	Grant GANT		AND HOUR OF DEAT	H AU 9:05A N
FULL NAME	R oddress or lacatio	ar institution,	give street	Maryland	Baltime	institution: residence before admission) OPE BRURAL and give township)
INSTITUTION	Union Memori	al Hos	spital	Ruxton D. STREET ADDRESS	(If rural, give location)	6370
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Male	White	Mar	o, DIVORCED (specify)	May 3,1896	lost birthdayl	Manths Days Hours Min.
one during most Ret	at warking lite, even if retired) ired		Broker	Illinois		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	ame uis Moen Gra	int		Bessie Le	ouise Chase	9
5. Was Deceas	ed Ever in U. S. Armed Far wn) (If yes, give war ar date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	WWI		216-09-073	Mrs. Helen	Shriver G	rant Same
18. 4	ASE OR CONDITION DIE	RECTLY		F DEATH CAPA	7 Min	INTERVAL BETWEEN ONSET AND DEATH
heort foilur injury or c	enot meen the mode of e, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	the diseose, deoth,) ony, giving				
	NG CONDITION last.	ATED TO TH		٠-		
OTHER SIGN TO THE DISEASE OF T	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes ar	No) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING DENT WAS UNDERLYING CAUSE OF	21B hom etc.	ne, farm, factory, street, a	n ar about 21 C. WHERE DID Iffice bldg., INJURY OCCUR	(If in Baltime	are City, give exact lacation)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED ile At Not Whi rk At Wark	le 🖂	INJURY OCCUR?	
that (1) (w	fy that (1) (this hospital e) last saw the decease	ed alive an	nv 13	1965 and		pinian death accurred an the dat
23A SIGNA 23C. PHYSIC	TURE PW	llian	`	ending Med.	Stoff Phys.	23B. DATE SIGNED
TA I	REMATION 248 DATE	Willi	A M S M.D.	LINSON	Rd, Our	City, town, or county) (State)
Buria	al-Tran\$1-17	-65 H	opkinton	I	lopkinton,	New Hampshire
N	V 1 6 1965 ()	Creb &	Farbey MA		Viedefeld I Road Balt	
'S 150-REV. 1/	1/65				1	



was D.O.A.

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 150-REV. 1/1/65

Such

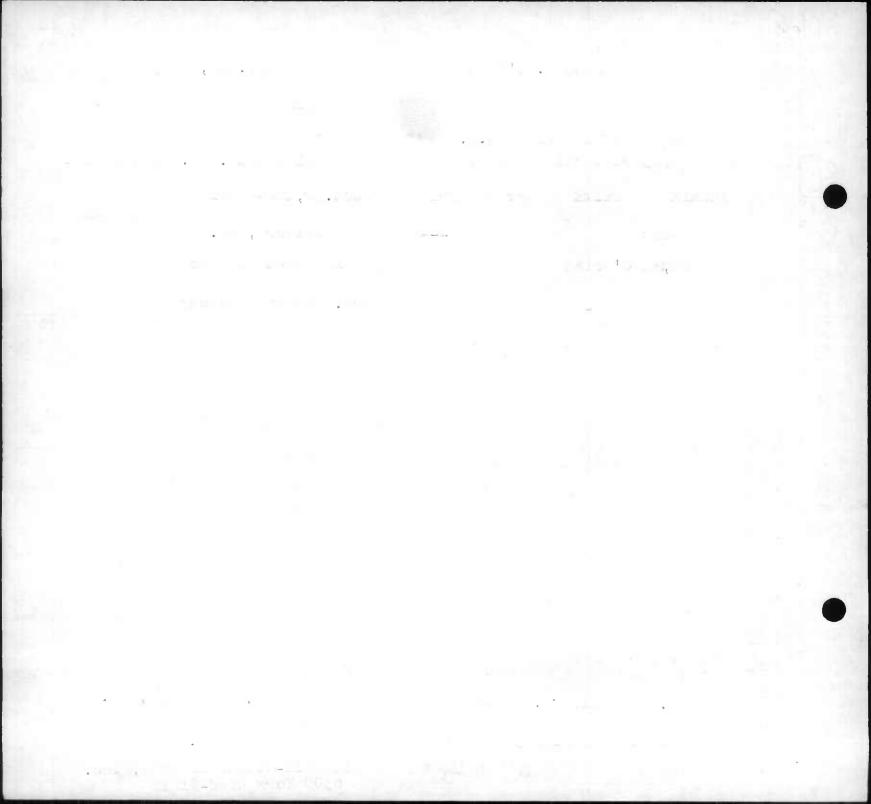
attendance on prior to death.

			BALTIMORE CITY	HEALTH DEPARTMENT		OF AADEO
BIRTH NO.	65 11669		CERTIFICA	TE OF DEATH	Registered No.	65 11669
M.E. CASE NO.	EASED			2, DATE A	ND HOUR OF DEATH	
(Type or Print)	ANNE M	O'BRI	EN	No	v. 12, 19	65 8416 Ax
. PLACE OF DEA	TH IN BALTIMORE, MA		.DN	4. USUAL RESIDENCE (Wh	ere deceased lived. If i	
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital anddress or location	or institution, g	ve street	Maryland		RURAL and give township)
V	se in the P			Baltimore D. STREET ADDRESS		
2525	West Belve	edere A	venue	Hopkins A	Apts. St.	Paul & 31st
EMALE	6. RACE WHTTE	WIDQWED,	NEVER MARRIED DIVORCED (specify) Married	B. DATE OF BIRTH Oct. 30, 1884	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	JPATION (Give kind of work			11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
None None	working life, even if retired)			Baltimore	, Md.	WHAT COUNTRY!
3. FATHER'S NAM	AE			14. MOTHERS MAIDEN NA	ME	
James	o O'Brien			Margaret	McShane	
5. Was Deceased	Ever in U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	iti yes, give wor or oute	s of services	SECURITY NO.	Mrs. Kathlee	en Mooney	
18.	- Y		CAUSE O			INTERVAL BETWEEN
776	SE OR CONDITION DIR	ECTIV				ONSET AND DEATH
	LEADING TO DEATH	ECIET	(1	reconsuix be	dateral	2 dein
heart failure,	ol mean the mode of osthenio, etc. Il means plication which caused	the disease,	DUE TO			
	ANTECEDENT CAUSES		(B)	······································		~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~
DISEASES O	R CONDITIONS, if	nnv. aivina	DUE TO			
rise to the	e obove cause (A)		IC)	***************************************		
UNDERLYING	CONDITION last.					
E TO THE D	FICANT CONDITIONS C	TED TO THE	anderia	elevotie cardi	our rular his	1/ 4+240
19A. DATE OF		DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	o 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF	WAS PERF	ORMED		no	IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical examiner)	21 B. hame etc.)	PLACE OF INJURY (e.g., in form, factory, street, of	or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimo	ore City, give exact lacation)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		Whil Work	Not While At Work			
22. I certify	that (1) (this hospital) ottended th	e deceased from	July 27	196/ to	Ten 12 1966
	lost saw the decease		.71	11 19 65 ond t	hat in (my) (our) op	olnion death occurred on the dot
				iew the body ofter death.		
23A. SIGNATU		1				23B. DATE SIGNED
Fre	derick & O	allow	Phy		Stoff Phys.	nov 14, 1965
23C. PHYSICIA	ype)	37-77.		6100 York Re	a Baltima	. /
Dr. 1	Frederick J	· AOTTI	ner M.D.	OTOO TOLK II	T CT OTIMO	

24D. LOCATION (State) (City, town, or county) Burial 11/15/65 Cathedral Cem

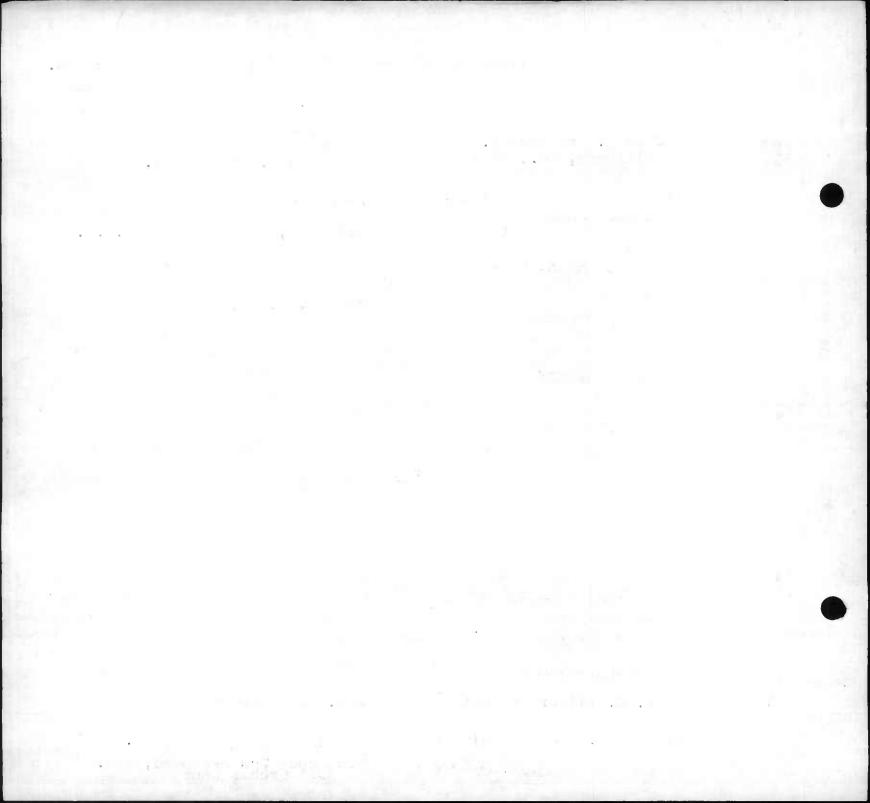
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR M

NOV 16 1965 P.C. & E. G. M. Balto. 25C. FUNERAL DIRECTOR ADDRESS Mitchell-Wiedefeld Home, Inc. 6500 York Road-21212

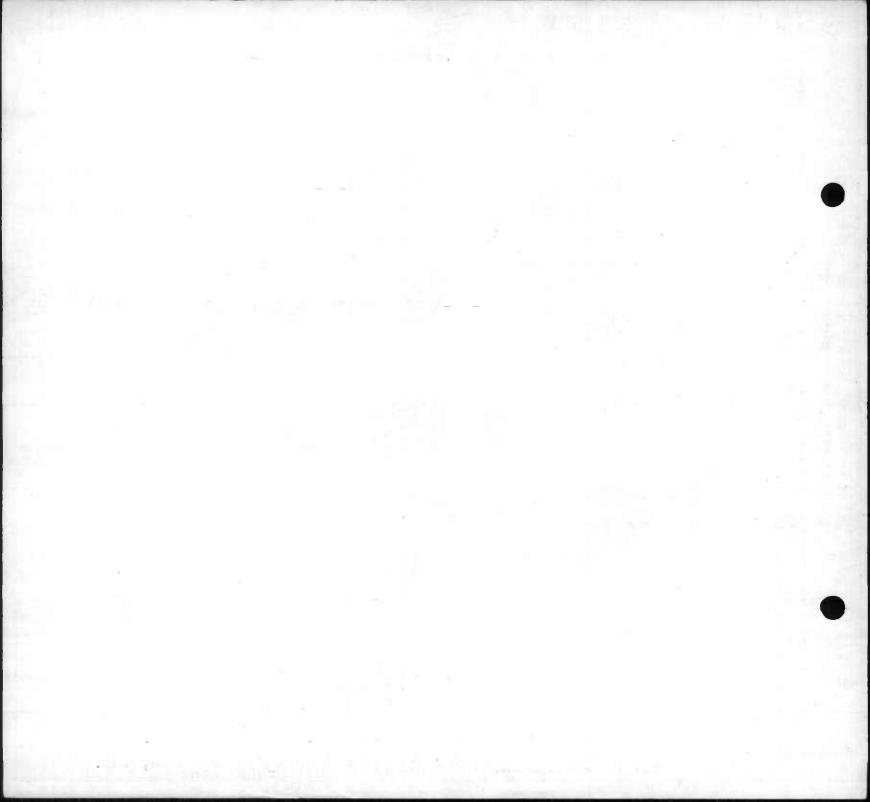


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such 👝	written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	Y HEALTH DEPARTMENT	() = 1 3 (12/4)
ыктн но. 65 11670	CERTIFICA	ATE OF DEATH Registered No.	65_11670
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) ROSE OT	ILLIA TUDER (c	or TUDOR) 11/13/65	111:35 a. M
3. PLACE OF DEATH IN BALTIMORE, MARYLANI	,	4. USUAL RESIDENCE (Where deceased lived. If	
FULL NAME OF (If not in hospital or institution) INSTITUTION	lution, give street	Md. C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
^		Baltimore	
2032 E. Preston		D. STREET ADDRESS (If rurol, give locotion)	
Baltimore, Md.,		2032 E. Preston	
female white	RRIED, NEVER MARRIED DOWED, DIVORCED (specily) Widowed	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 8/28/1880 85	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KI fone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	111. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Crumbach, Germany	U.S.A.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
John Rosenber	ger	Marie Fleckenstei	n
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown)(If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
, 55, 915 15 5 5 5 6 7	JEGORIII IIO.	Clara E. Tuder, above	
18. 332 X I	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		7	ONSEL AND DEATH
LEADING TO DEATH (This does not mean the made of dying,	e.g., QUE TO	Brencho. prhumoma	49 Coup
heart failure, asthenia, etc. It means the di	sease,	Contra Itrombajo	
injury or camplication which caused death,	(8)	Contral Imombris	1 month
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating			
UNDERLYING CONDITION last.		0000	
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING Para	cique armia	11490
	FOR WHICH OPERATION		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Baltima	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hou	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi		
22 1 25 1 25 1 25 1			SM/5N 13 1965
22. I certify that (1) (this hospital) attention (1) (we) last saw the deceased ally		6.00	
			plnian death occurred an the date
and haur and fram the causes stated ab	ave. (I) (We) (did) (did not)	view the bady after death.	DATE SIGNED
23A. SIGNATURE	M.D. Att	tending Med. Stoff	23 B. DATE SIGNED
Chilling Steins	Ph	ys. Director Phys.	11/15/65
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	
Dr. C. Wilbur S		o D. Mode Dilloor	
REMOVAL (Specify)	24C. NAME of CEMETERY of CR	REMATORY 24D. LOCATION	City, town, or county) (State)
Burial 11/16/65	Holy Redeeme	er Cemetery Baltimore	e, Md.
	AAL OFFICIENTAL	Schimunek Funeral Ho 3331 Brehms Lane	
VS 150-REV. 1/1/65)))	



	0	E 440	217/4		HEALTH DEPARTA			65 11671	
	NO. () ASE NO. AE OF DECEAS	5 116			TE OF DEA	VIII .	istered Na.	00 11071	
	or Print)	JENK	INS, Cath	erine Christina	a 2.1	11-13-	65 DEATH	9:15 P.	м.
3. PL A	CE OF DEATH	IN BALTIMO	RE, MARYLAND			CE (Where decea B. COUNTY	sed lived. If in	stitution: residence before odmis	sion)
HO	L NAME OF SPITAL OR TITUTION	oddress o		tion, give street	Maryland c. cin or town Baltimore	Baltin	more / limits, write !	RURAL ond give township)	
	St. Jose	eph's H	ospital		O. STREET ADDRESS	s (If rurol, giv Lmora Ave			
sex Fer		white	7. MAR WID	RIED, NEVER MARRIED	B. DATE OF BIRTH 12-31002	9. AGE lost birth 62	(In years adoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi	Hrs.
done d	SUAL OCCUPA uring most of work IOUSEWi:	ing life, even if	d of work 10B, KIN relired)	of Business or industry at home		te or foreign coun imore, Mar		12. CITIZEN OF WHAT COUNTRY?	
3. FA	THER'S NAME				14. MOTHER'S MAI	DEN NAME			
	Fre	ederic	k Hasel		Anna	Emge			
5. Wo	s Deceased Eve	yes, give wo	med Forces? r or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS 21133	
				219-20-8515	Betty Br	unck, de	ght, 35	524 Kings Poin	it
18	DISEASE C	DING TO	ON DIRECTLY DEATH node of dying,	CAUSE O	ured aortic	abdomin	al	INTERVAL BETWEEN ONSET AND DEATH	18444.001
D iii	ANT ISEASES OR se to the c NDERLYING C	CONDITION blove cous ONDITION	IS, if ony, gi	JTING					
	A.P14190-98	UDITION CA	HISINIC IT	FOR WHICH OPERATION SM	20A. AUTOPSY? ()	fes or No) 20B, I	F YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?	
U 21	A. ACCIDENT N R CONTRIBUTIN EATH (notify me	WAS UNDER G CAUSE dicol exomine	LYING OF	Puptured abd. 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21 C. WHER	E DID CCUR?	(If in Boltimore	City, give exact location)	
VED 0	D. TIME (M F INJURY PPROX.)	onth) (Doy)	(Yeor) (Hour)	21 E. INJURY OCCURRED White At Not While Work At Work	• 🗆	DID INJURY O	CUR?		
th or 23	at (I) (we) las	t sow the cous	leceosed olive	- (WZ Phy	iew the body after	ond that in(m	y) (our) opi	nion deoth occurred on the	date
			io Ventur		1400 N.	Caroline	Street		
F	URIAL CREMATEMOVAL (Spec Burial	ify)	/16/65	Gardens of Fa	MATORY	24D. LOCATIO	more, I	ly, lown, or county) (Stot	e)
25A. C	NOV	16 19	65 Pole	ME OF REOPSTRADEWHAN	Schimun 3331	DIRECTOR		me, Inc.	

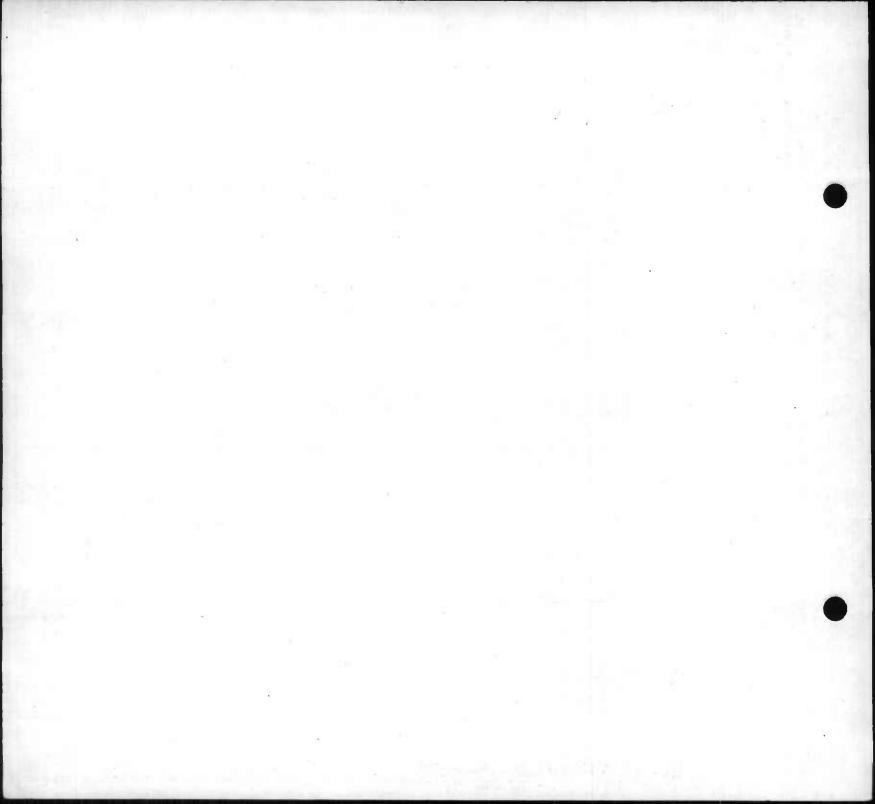


the body was released to the hospital by a medicol exominer. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased This certificate must be opproved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

	an an amil	BALTIMORE CIT	TY HEALTH DEPARTMENT	65 11672
BIRTH NO.	65 1167	CERTIFICA	ATE OF DEATH Registered N	oOJ_LLOIN
M.E. CASE NO.	CEASED		2. DATE AND HOUR OF DEAT	Н
(Type or Print)	Amos P.	Wright, Sr.	Nov. 15. 1965	1 10:15 A
3. PLACE OF DE	EATH IN BALTIMORE, MA		Nov. 13, 1965	institution; residence before adm
			A. STATE 8. COUNTY 21218	9-03
FULL NAME O	OF (II not in hospital address or location	l or institution, give street	c. CITY OR TOWN (If outside city limits, with	a PURAL and give towerhouse
INSTITUTION			Baltimore	c Kenny one give terminary
	Lutheran	Hospital	D. STREET ADDRESS (If rurol, give locotion)	
9	DOA		736 Melville Avenue	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , It Under
1000	1/7-11	WIDOWED, DIVORCED (specify)	Sept. 16, 1902 63	Months Doys Hours
Male	White	Married A 108. KIND OF BUSINESS OR INDUSTI		12. CITIZEN OF
	t working life, even if retired)		at 11. State 2 (Slote of foldight country)	WHAT COUNTRY?
Transpo	rtation	Balto. Transit Co.	Baltimore, Md.	USA
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
	William Wri	ight	Elizabeth Parlett	
15. Wos Decease	d Ever in U. S. Armed Fo	orces? 16. SOCIAL	17. INFORMANT	ADDRESS
NO INO	(If yes, give wor or do		22 - 1 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2	0
110 43 3		213-05-9138	Elsie M. Wright (Wife) OF DEATH	Same
18. 44 -2	01/1		OF DEATH	ONSET AND DEA
DISEA	ASE OR CONDITION D		ARANDRY ACCIONAL	20 minut
(This does	nat mean the made a	d dying, e.g., DUE TO	FORONARY OCCLUSION	-0 017/17/1
heart failure	, asthenia, etc. 11 mean	s the disease.		
injury ar ca	ANTECEDENT CAUSE	a deam.	TERIOSCLEROTIC HERRY DISERS	E 6 years
UNDERLYIN OTHER SIGN TO THE	he above cause (A) IG CONDITION last. II VIFICANT CONDITIONS DEATH BUT NOT RELE R CONDITION CAUSING	CONTRIBUTING ATED TO THE	FPTCC SEIZURES PETIT M	AL 8mo
	F OPERATION 198. CO	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED
44	WAS PE	KI O KIVIL D	III CEKIIFIINO	SAUJES OF DEATH:
ERTIF				
U 21A. ACCIDI	ENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.		nore City, give exact location)
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF	21B PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	nore City, give exact location)
OR CONTRIB	BUTING CAUSE OF	home, form, foctory, street, etc.)		nore City, give exact location)
OF INJURY	SUTING CAUSE OF 's medical examiner	home, form, loctory, street, etc.) (Hour) 21E, INJURY OCCURRED While At Not W	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	nore City, give exact location)
21A. ACCIDIOR CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.)	SUTING CAUSE OF (y medical examine) (Month) (Day) (Year	home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work Not W	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While	
21A. ACCIDIOR CONTRIBE OR CONTRIBE DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. 1 certifi	y that (I) (this hospite	home, form, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work Not W At Wo	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? (hile 1963 to No.	U
21A. ACCIDIOR CONTRIBE OR CONTRIBE DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. 1 certifi	y that (I) (this hospite	home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work Not W	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Thile FESTURRY 1963 to NO.	U
21A. ACCIDIOR CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certifithot (I) (we	y that (I) (this hospite (b) last sow the decease	home, form, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W Work Not W At Wo	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Thile ESTURBY 1963 to No. South of the control of t	U
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21A. ACCIDION CONTRIBUTE OF INJURY (APPROX.) 22. 1 certifithat (I) (we ond hour or 23A. SIGNAT	y that (1) (this hospite () last sow the deceose of from the couses state () (Type) Randol: (EMATION, 248. DATE	home, form, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At At Wo all) ottended the deceased from forced above. (I) (We) (did) (did not) All flevy M.D. A ph H. Spitzberg M.E. 24C. NAME of CEMETERY or C	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? (hile	23B. DATE SIGNED 23B. DATE SIGNED 15, 140 16, 15, 140 16, 15, 140 17, 160, 160, 160, 160, 160, 160, 160, 160
21A. ACCIDION CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certifithot (I) (we ond hour or 23A. SIGNAT 23C. PHYSICI NAME (1) 24A. BURIAL CR REMOVAL BURIAL CR REMOVAL BURIAL	y that (I) (this hospite of fam the couses stated of family o	home, form, loctory, street, etc.,) (Hour) 21E. INJURY OCCURRED While At Not Work At Wo al) ottended the deceased from Esed alive on Noccustor oted above. (I) (We) (did) (did not) Auggleury M.D. A	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? (hile	pplnian death occurred an to 238 DATE SIGNED 238 DATE SIGNED 15, 14 140 RE 21201 H (City, town, or county)

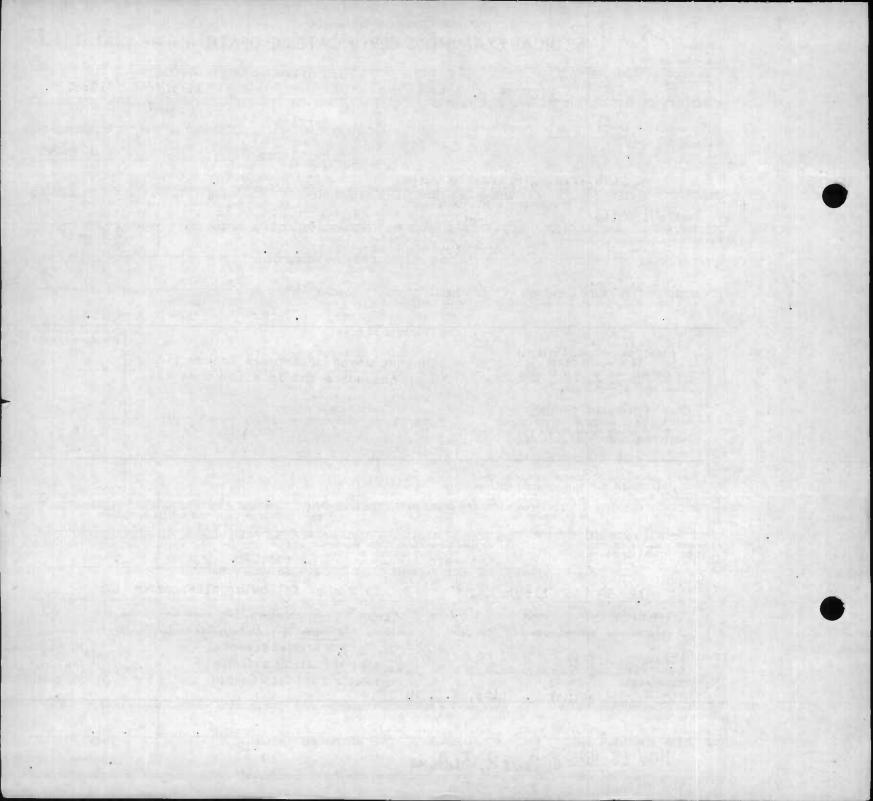
NOV 16 1965 Relate & Janleyna 25C. FUNERAL DIRECTOR

Fugenia V. Seitz 5200 York
Seitz funeral Home Balto. ADDRESS VS 150-REV. 1/1/65



-600

RIP	H NO. 65	11673 _{ED}			ERTIFICATE C	DE DEATH	⊢ Register	ed No. 65	11673	
	CASE NO.	MED	ICAL LAAN	III TER O C	EKTITICATE	ו טבאוו			dia a	
1. (Tv	NAME OF DEC	EASED			2. DAT	TE AND HOUR P	4 .		10	
			ILLIAM J.		11/14/65 12:40 a.M. [4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)					
3, 1	LACE IN BALI	MORE, MARYLAND, W	HERE PRONOUNCED	DEAD	A. STATE Marvland					
Пно	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION,	GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
INS	TITUTION				Baltimore 24-02					
3					D. STREET ADDRESS (I		ion)			
		South Baltimo			1	arvey St.				
5. 5	EX	6. RACE	7. MARRIED, NEVER	MARRIED CED(specify)	B. DATE OF BIRTH	9. AG	E (In years rthdoy)	If Under 1 Yr. If Months Doys	Under 24 Hrs. Hours Min.	
	male	white	Marri		July 19, 193	3.	11500			
		JPATION (Give kind of wor vorking life, even if retired)	LOR KIND OF BUSIN	IESS OR INDUSTR	YII. BIRTHPLACE (Stole of	r foreign country)		12. CITIZEN OF WHAT COUL	NTRY?	
12	FOT en		Weather S	tripping	Balto. Md. USA					
13.	TATHERS NAW	A.E.								
15.		en Lowry	FORCES? 116. SO	CIAL	Bertha 17. INFORMANT	Ferger		ADDRESS		
(Ye	, no or unknown No	(If yes, give wor or dote	es of service) SE	CURITY NO.	Beverly A. I	Lower	609	Harvey St		
-	1B	1 - 1 - 1		CAUSI	OF DEATH	HOWE J	00)		AL BETWEEN	
	FISTA	of Collection of	DECTI V						AND DEATH	
		SE OR CONDITION DI LEADING TO DEATH	1	Gunsho	t wound of abo	domen tra	nsecti	ng		
	(This does in heart failure,	osthenio, etc. It meons	dying e.g., the discose,	DUE TO t	t wound of about the aorta and	inferior	vena c	ava	*******	
	injury or cor	mplication which caused	deoin.)							
		INTECENDENT CAUSE OR CONDITIONS, IF A		(B)						
	RISE TO TH	E ABOVE CAUSE (A) S	TATING THE							
z	UNDERLYING CONDITION LAST. (C)									
1		H								
<u> </u>	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE									
CERTIFICATION	DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED									
Ü	2	WAS PER			yes			ES OF DEATH?		
1	21A. EXTERNA	CAUSE WAS	21 B. PLACE	OF INJURY (e.g.,	in or obout 21C. WHERE	DID (If in Boltin	nore City, giv	re exact location)		
MEDIC	UTING CAU	SE OF DEATH.	etc.)	vern	office bldg. INJURY OCCUR? 7 E. Cross St.					
Σ										
	(APPROX.)	11 13 65	11:40p. WHILE	AT D NOT	WHILE K shot for	llowing a	lterca	tion		
	22.									
	resulted fram: Natural causes Accident Suicide Hamicide Mundetermined manner CHIEF MEDICAL EXAMINER									
	ACTUA		. ph 2)~ (_M, D			X		E SIGNED	
	SIGNAT		11/14/65							
	NAME (Type) Werner		M.D.	ASSOCIATE MEDICA					
	NOVAL (Specify		23C. NA	ME of CEMETERY	or CREMATORY	23D. LOCATION	(City,	town, or county)	(Stote)	
	Burial	11 17	1965	Holy Cro		Brookly	m, A	A Co. Md.		
24,	. DATE REC'D		248 NAME OF RE		24C. FUNERAL DIR	ECTOR		ADDRESS	S	
	INO	V 16 1965 (obert E. to	INDOUMA .	MC	Cully		130 E. F	ort we.	



shows: 0

MOS

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. RIPTH NO. CERTIFICATE OF DEATH Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo LEWIS BOWLIN 11-13-65 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived, If institution; residence before admission) of ance B. COUNTY (2) MARYI AND cause FULL NAME OF (Il not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If outside city fimits, write RURAL and give fownship) cause; attend INSTITUTION 0 BALTIMORE THE JOHNS HOPKINS HOSPITAL prior D. STREET ADDRESS contributing (If rural, give location) **AVENUE** FAIRMOUNT EAST 0 is made. Undetermined regular 9. AGE tin 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. eceased WIDOWED. DIVORCED (specify) MARRIED WHITE 16A USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF isposition death done during most of working life, even if retired) = Tenn ō Laborer MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct 3 MARY GOINS HARRISON BOWLIN eath uo kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) flf yes, give war or dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance Hospital Records No any CAUSE OF DEATH INTERVAL BETWEEN 10 18. nounce DISEASE OR CONDITION DIRECTLY Also, of embalmed LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., pror heart foilure, osthenia, etc. Il means the disease, the chief medical examiner examiner. regular injury or complication which coused death,) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, <u></u> to the obove couse (A) stoling the physician the remains UNDERLYING CONDITION lost medical burns; Was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the o WAS PERFORMED Vo before by 21B. PLACE OF INJURY (e.g., in or obout 2°C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) where to the hospital ° MEDICAL DEATH (notify medical examine) etc.) nature; obtained 21 D. TME (Month) (Day) (Year) 21E. INJURY OCCURRED (Hour) 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While White At (APPROX.) Work At Work and any 22. I certify that (1) (this hospital) attended the deceased from 19 65 90 that (1) (we) last sow the deceased alive on and that in my Your) opinion death occurred on the date of death) hospital and hour and from the causes stated above. (1) (We (did))(did not) view the body after death. the body was released must accident 23A, SIGNATURE 23B, DATE SIGNED M.D. Attending Med. Stoff 0 Phy s. Director approval Phy s. O 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to An M.D OVINS ceased o

3 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or REMOVAL (Specify) Burial 11-16-1965 Family Cemetery Hancock Co. Tenn 258 NAME OF REGISTRA 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 25C. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. for Mc Neil Funeral Home, Sneedville, Tenn. VS 150-REV. 1/1/65

1.00A M

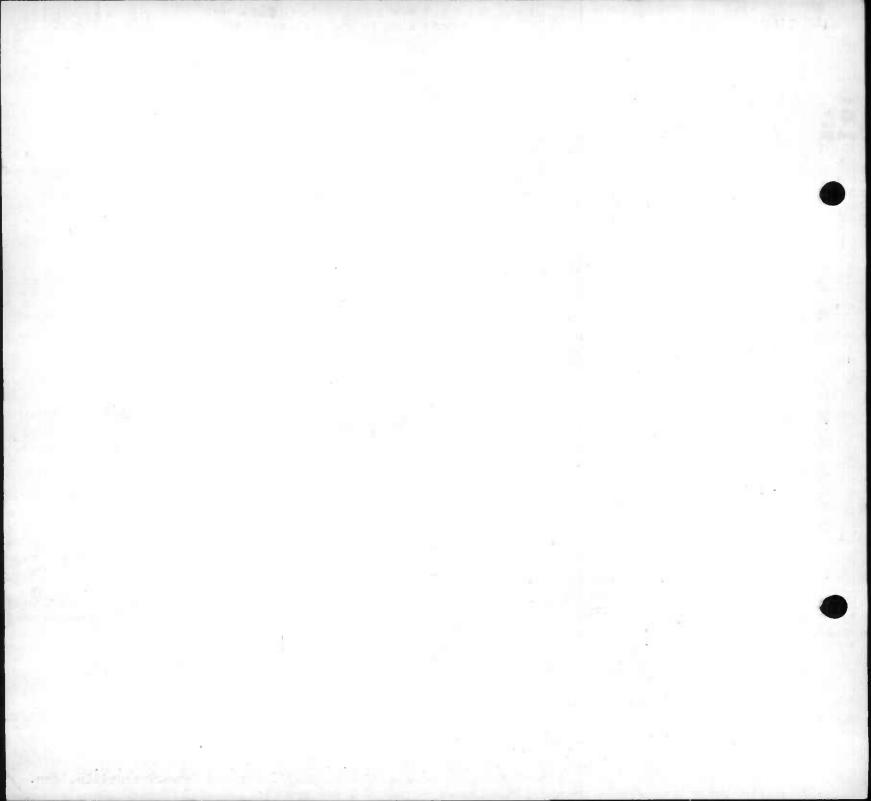
If Under 24 Hrs.

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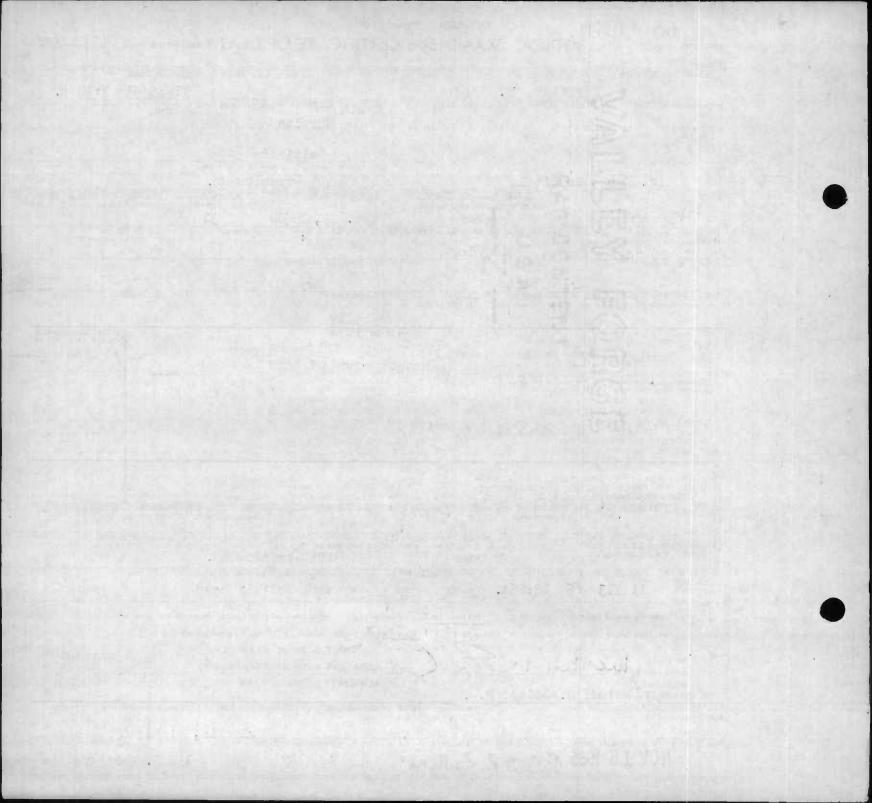
ADDRESS

ONSET AND DEATH

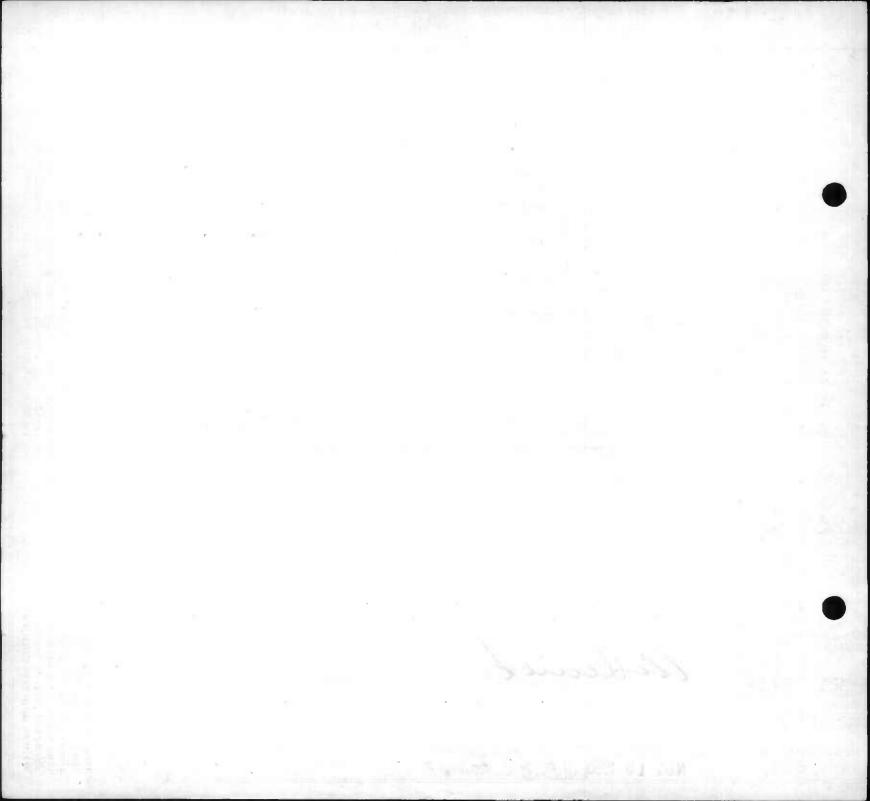
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	TH NO.	WEDI	CALEX	AMINER'S	CEKIILI	CATE	DEA	M Kegister	ed No	O LLOS
	E CASE NO.	CEASED		·	2. DATE AND HOUR PRONOUNCED DEAD					
(Ty	pe or Print)	WILLIA	AM L.	PLATT						7:10 a. M.
3. 1	PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL A. STATE				ution: residenc	ce before odmission
HC	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
11)				D. STREET	Baltim ADDRESS (IF		ocotion)	03	0.0
i	St	t. Agnes Hospi	ital		425 Greenlow Rd.					
5. 5	male	6. RACE white	WIDOWED, D	NEVER MARRIED DIVORCED (specily)	8. DATE O	F BIRTH 29, 1932	los	AGE (In years to birthdoy)	If Under 1 Y Months Doy	fr. If Under 24 Hrs.
		UPATION (Give kind of work working life, even if retired)	TOB KIND OF	BUSINESS OR INDUST				try)	12. CITIZEN C	OF OUNTRY?
001	Steved		Shi	pp I ng					US	A
13.	FATHER'S NAM	M E			14. MOTH	ER'S MAIDEN I	NAME			
		Charles	Platt			Mary Bi	ishop			
		ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORA	AANT			ADDRESS	
	?				Famil	y				
	1B	24.X		CAU	SE OF DEAT	Н				TERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTIV						ON	ISET AND DEATH
		LEADING TO DEATH		(A) Gunsh	ot woun	d of hea	ad			
	heort toilure	not mean the made of , osthenio, etc. It means	the diseose,	DUE TO			.===			90 mm m n n n n n m m n n n n n n n n n n
	injury or co	implication which coused of	deoth.)							
		ANTECENDENT CAUSE		(B)						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE							•		•••••
7	UNDERLYI	NG CONDITION LAST.		(C)					3 10 33	
Ó	(C)									70000 W 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
CERTI		F OPERATION 198. CON WAS PERI	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
4	no no									anl
MEDIC.	UNDERLYING	OR CONTRIB-	home, etc.)	form, foctory, street,	, in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 425 Greenlow Rd.					
2	21 D TIME OF INJURY	(Month) (Doy) (Year) (Hour) 2	E. INJURY OCCURRED						
	(APPROX.)	11 13 65 1	12:25a. w	while m shot self in head						
	22. 1 certify that I held on Inquiry Inspection Autopsy and that on this basis, death In my opinion									
	resulted from: Notural causes Accident Sulcide Homlaide Undetermined manner									
	ACTUAL SIGNATURE WELL . STAND, ASSISTANT MEDICAL EXAMINER DATE SIGNED								ATE SIGNED	
	SIGNATURE M.D.								77/79/	40
	EXAMI		Sadta N		TE MEDICA	L EXAMIN	IER	11/13/	05	
		Typerer U. Semanon, 23B. Date		C. NAME OF CEMETERY	or CREMATO	DRY 2	23D. LOCATI	ON (City,	town, or count	ty) (Stote)
	Burial	77 77	65	Woodlawn			Colum	mbia. Nic	higan	
24/	A. DATE REC'D	11 4 0 4000 .	248. NAME	OF REGISTRAR	24C.	FUNERAL DIRE	CTOR	A STATE OF THE STA	ADD	RESS
	NO	IV 16 1965 R	obut &	. Farbeyna	1	ic Cully		130	E. Fort	ve
VS	151-REV. 1/1/	65 / 5	3,4				13			



ype or Print)	Samuel Wir	nfield	Birckhead	Novem)	per 14, 1			
PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If	institution; residence before odmiss			
FULL NAME OF	F (If not in hospital oddress or tocotic	, give street	Maryland	ide city limits, write	RURAL and give township)			
INSTITUTION				Baltimore				
4100 Ridgewood Ave.				D. STREET ADDRESS (If re	orol, give location)			
4				4100 Ridgewood Ave. 21215				
SEX	6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir		
Male	White	Marr	ried	March 7-1891	74			
	PATION (Give kind of working life, even if retired)	rk 10B, KIND C	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?		
Retire		Gro	ocer	Baltimore Co.	Md.	U.S.A.		
B. FATHER'S NAN			3 0 0 2	14. MOTHER'S MAIDEN NAM				
Robert	Samuel Bir	alshand	3	Til sachath Da	- 1 - de 11 - d	7		
				Elizabeth Be				
es, no or unknown)	Ever in U. S. Armed Fo (If yes, give wor or do	es of service)				Sheraton Road		
			218-32-171	7 Elizabeth B.	Wade, Ba	ltimore, Md.		
18. 4. 2	0,01			OF DEATH	-	INTERVAL BETWEEN ONSET AND DEATH		
	E OR CONDITION DE	IRECTLY						
	LEADING TO DEATH	-	(A) Car	diac Arrest				
				liac Arrest				
	ot mean the mode a							
heort foilure,	ot mean the mode a osthenio, etc. 11 meon plication which cause	s the disease	9,					
heart failure, injury or com	osthenio, etc. 11 meon plication which cause	s the disease d death.)	Aor	tic Stenosis				
heori foilure, injury or com	osthenio, etc. 11 meon plication which cause ANTECEDENT CAUSE	s the diseased death.)	(B) Aor		~~~~			
heorl foilure, injury or com A DISEASES Orise to the	osthenio, etc. II meon plication which cause ANTECEDENT CAUSE R CONDITIONS, if abave cause (A)	s the diseased death.) S ony, giving	Aor (B) Due to		~~~~			
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DISEASES Orise to the UNDERLYING DTHER SIGNII TO THE DE DISEASE OR	osthenio, etc. Il meon plication which cause (NTECEDENT CAUSE R CONDITIONS, if abave cause (A) (CONDITION last, Il and CONDITIONS (A) CONDITIONS (CONDITIONS (CATH BUT NOT RELECTION)	s the diseased death.) S ony, giving stating the CONTRIBUTINATED TO T	Aor (B) DUE TO G (C) Art	tic Stenosis eriosclerotic hea	rt disease			
heori foilure, injury or com A DISEASES Orise to the UNDERLYING	osthenio, etc. II meon plication which cause (ANTECEDENT CAUSE R CONDITIONS, if abave cause (A) (CONDITION last, III)	s the diseased death.) S ony, giving stating the CONTRIBUTINATED TO T	Aor (B) DUE TO g e (C) Art	tic Stenosis	rt disease			
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DISEASES OF THE DESCRIPTION OF CONTRIBUTION OF	osthenio, etc. II meon plication which cause (ATECEDENT CAUSE R CONDITIONS, if abave cause (A) (CONDITION 1 ast.) FICANT CONDITIONS (ATH BUT NOT RELEADED CAUSING OPERATION 19B. COWAS PEI	s the diseased death.) S ony, giving stating the Stat	AOT (B) DUE TO G (C) Art NG HE WHICH OPERATION (B. PLACE OF INJURY (e.g., me, form, foctory, street, me, form, form	eriosclerotic hea	20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?		
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24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
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25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

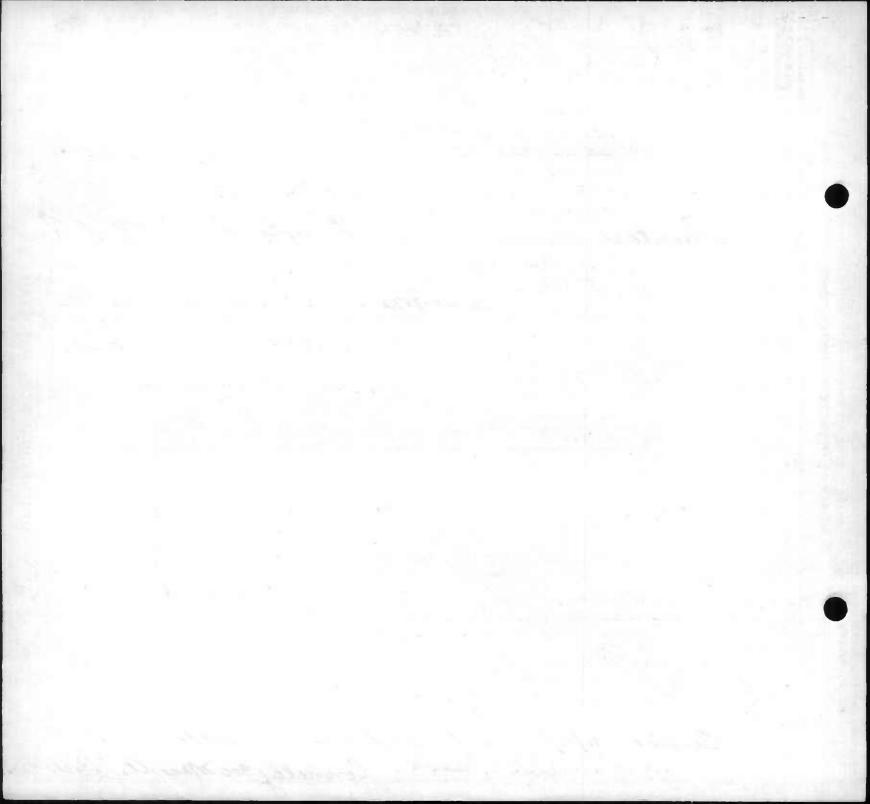
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			HEALTH DEPARTMENT		65 11	ロッツ			
	тн но. 65 11677	CERTIFICA CERTIFICA	TE OF DEATH	Registered No	00 1.1	071			
	E CASE NO.		2. DATE AND	HOUR OF DEATH					
(Ту	pe or Print) ELIZEBE	ETHI JI MERSO.	/	5-15-511-1	2-65 71	00 12 M			
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5. 9	FEMALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Months Doys Ho	Under 24 Hrs.			
don	. USUAL OCCUPATION (Give kind of work e during most of working lite, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign		12. CITIZEN OF WHAT COUNT	RY?			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM						
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15.	Was Deceased Ever in U. S. Armed For	es? . 16. SOCIAL	17. INFORMANT	,	ADDRESS				
(Ye	s, no or unknown) (If yes, give wor or date	e of service) CECURITY AND	SARAH SANIS	H 1521 W.					
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CAL CER	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR?								
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	22. I certify that (I) (this hospital) attended the deceased fram 5-1 19 65 to 12 19 65, that (I) (We) last saw the deceased alive an 11-10 19 65 and that in(my) (Our) aplain death accurred on the date								
		ed above. (I) (We) (dtd.) (did not) v							
					23B. DATE SIGNED				
	23A. SIGNATURE Render Hoffen 23C. PHYSICIAN'S	M.D. Atte		hys.	11-15	-65			
	23C. PHYSICIAM'S NAME (Type) REUBEN	HOFFMAN M.D.	846 W. 36 2	TAST BA	LTIMONE	MD			

CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole) EMMANUAL CHURCH 3CAGGSV1L ADDRESS 125C. EUNERAL DIRECTOR

Letter from Dr. Reuben Hoffman, M.D. 12-13-65 M.H.



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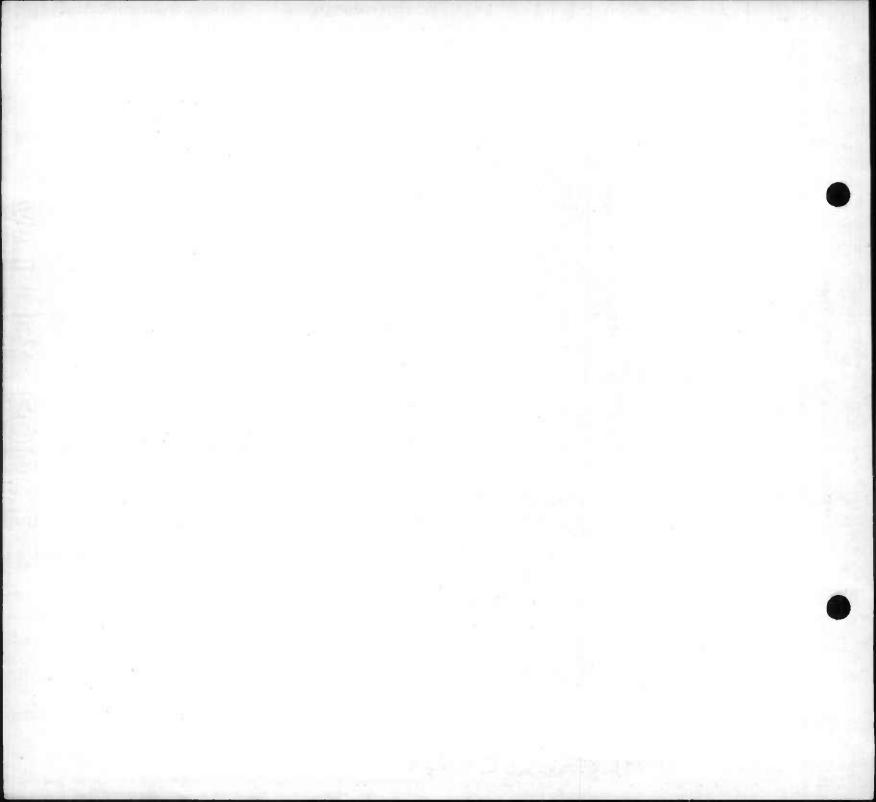
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH November 15 1965 19: 40 M USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission). STATE

B. COUNTY (Type or Print) 3. PLACE OF DEATH IN BALTIMORE A. STATE BALTIMORE MATYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION HOPKINS HOSPITAL prior Se (If rural, give location Koute BO7/17 made 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In veors If Under 1 Yr. Months Poys If Under 24 Hrs. DIVORCED (Specify) WIPOWED. Hours FEMALE WHITE 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME PAUL INF MELVER MACK FORD CAUDELL 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 16. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO gular attendance embalmed or fina CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the before the remains UNDERLYING CONDITION last. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) obtained 21D, TME (Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour) OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an 19 and that in (my) (our) apinian death occurred an the date pe and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Stoff Med. Director M.D. Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS 24A. BURIAL CREMATION, OF CREMATORY written Plub E. to ADDRESS 25C. FUNERAL DIRECTOR



FUNERAL DIRECTOR: IMPORTANT by the chief medical examiner or his assistant if death

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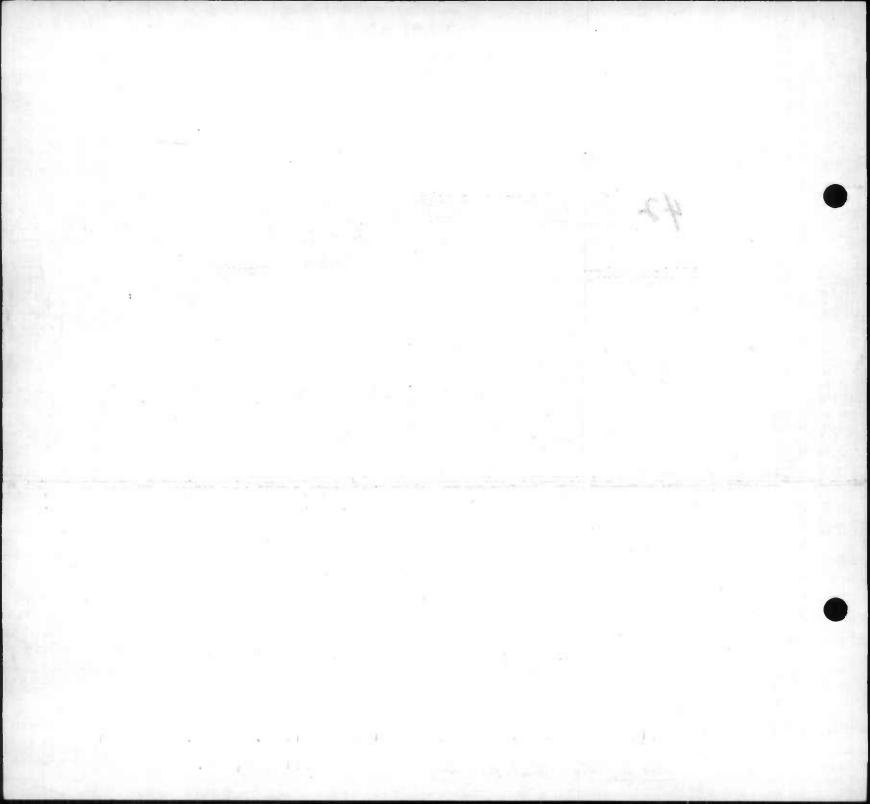
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. on the M.E. CASE NO. Suc I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 0 (Type or Print) eath. RESIDENCE (Where deceased lived, If institution; residence before admission) ance B. COUNTY an FULL NAME OF (If not in hospital as institution, give street O HOSPITAL OR oddress or location) outside city limits, write RURAL and give township) attend 0 Johns Hopkins Hospital Broadway N. St. prior give focation) made. Bultimore, regular 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. Hours Min. 5. SEX 6. RACE If Under 1 Yr. Months Doys deceased Hours WIDOWED, DIVORCED (specify) lost birthday) never married 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) 2. Was the 13. FATHER'S NAME lores Kemrh William Boley
15, Wos Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) eath uo 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. attendance CAUSE OF DEATH INTERVAL BETWEEN pronounced 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Cardina ARREST
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(B) Congenital heart disease embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the diseose, regular injury at camplication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoling the physician the remains UNDERLYING CONDITION lost. physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 B. PLACE OF INJURY (e.g., in or oboy 121C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where MEDICAL ° DEATH (notify medical examiner etc.) be obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) At Work Work and 22. I certify that (1) (this haspital) attended the deceased from death); that (I) (we) lost sow the deceased alive an and that ir(my) (our) apinian death accurred an the date hospital and haur and from the causes stated above (1) (We) (did) (did nat) view the body after death. must 23A, SIGNATURE Attending M.D. Med. 9 Phys. Director ___ written approval O 23C. PHYSICIAN'S 23D. ADDRESS prior p NAME (Type) 16 ZOM Elderry St. Battimore, awaence D.O.A. 24A. BURIAL CREMATION, 248. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (State) eceased REMOVAL (Specify) CREMATION -65 THE BROADWAY JOHNS HOPKINS HOSPITAL. 601 N. Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS BALTIMORE, MD.

VS 150-REV. 1/1/65



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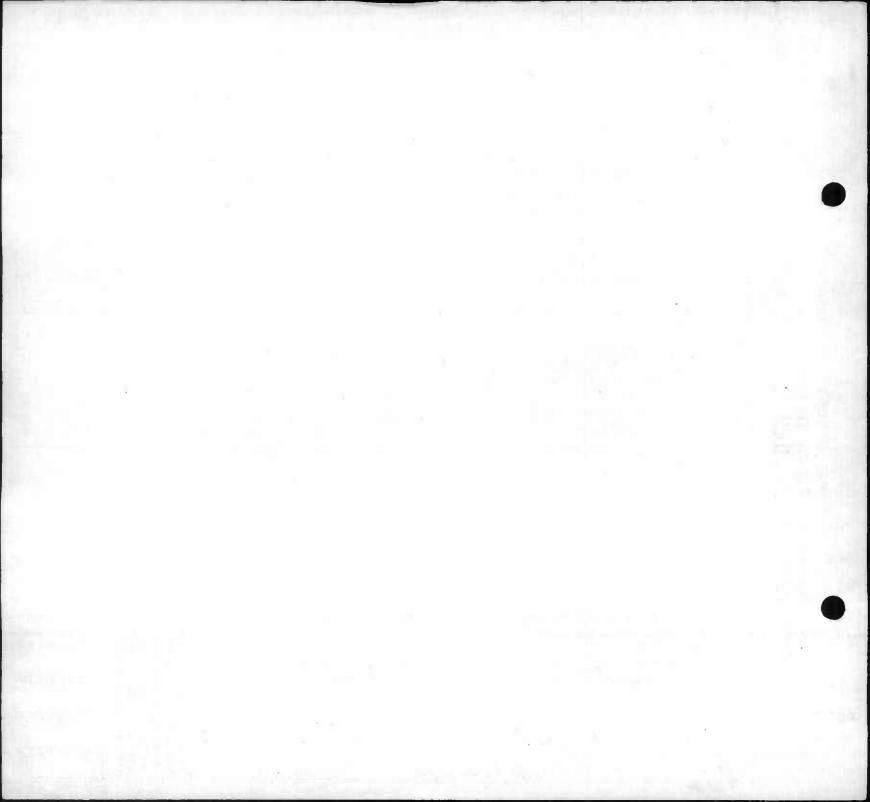
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1681 BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2, DATE, AND HOUR OF DEATH (Type or Print) 14 COTTEN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give MOR D. STREET ADDRESS (If rurol, give location) TREET 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE 8. DATE OF BIRTH If Under 24 Hrs. WIDOWED, DIVORCED (specily) lost birthdoy Hours 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) done during most of working life, even if retired) AT Home 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, heart foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) MEDICAL DEATH (notily medical examiner) etc.) (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work Al Work 22. I certify that (I) (this hospital) attended the deceased fram 1965 19.6 and that in (my) (our) apinion death accurred on the dote that (1) (we) last sow the deceased alive an. and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff M.D. Phys. Phys. Director 23C. PHYSICIAN'S NAME (Type) MO HAME 23D. ADDRESS 11mone 6 OF CREMATORY 24A. BURIAL CREMATION, 248, DATE NAME of CEMETERY 24D. LOCATION REMOVAL (Specily) emeler DUR 25A. DATE FUNERAL DIRECTOR

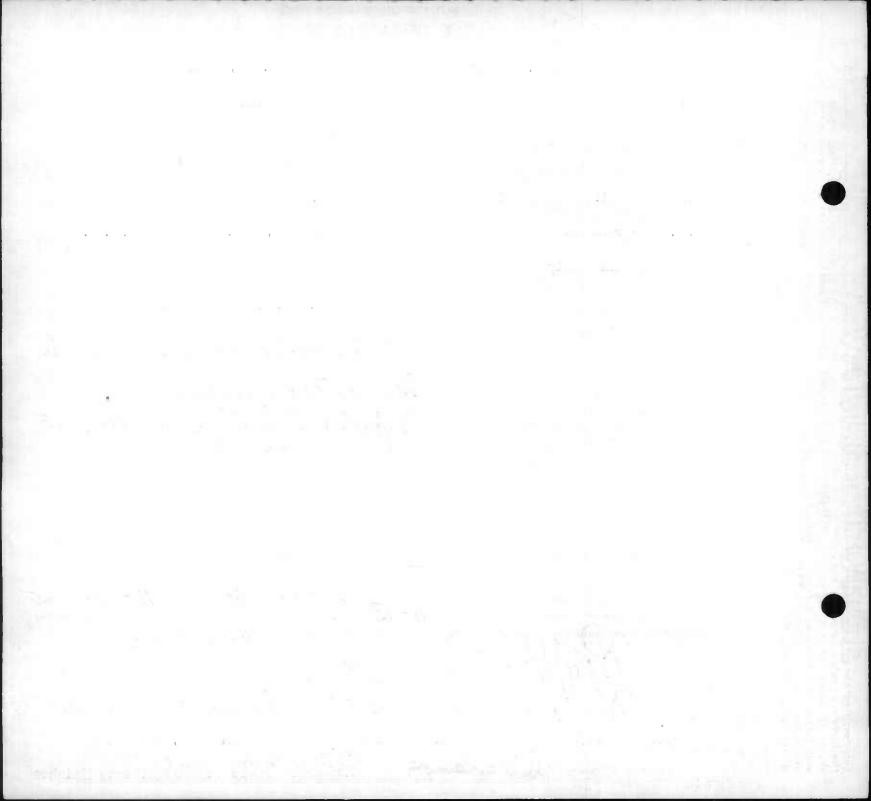
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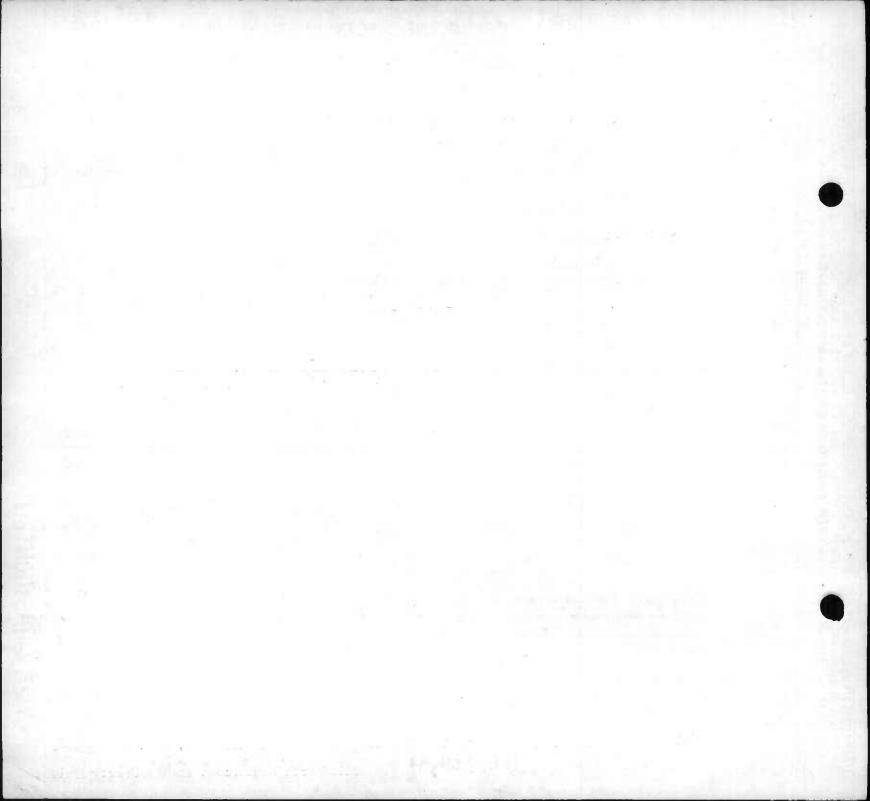
	65 11682	è		HEALTH DEPARTMENT		65 11682
M.E. CASE NO.	00 2200		CERTIFICA	TE OF DEATH		
Tune of Print					AND HOUR OF DEAT	H
	John EATH IN BALTIMORE, MA	H. Muh	ly	Nov	v. 13, 1965	M
S. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND			OUNTY	institution; residence before odmission)
FULL NAME			give stieet		Baltimore	
HOSPITAL OR	oddross or locotio	n)		C. CITY OR TOWN	If outside city fimits, write	RURAL and give township)
7				Baltimore		5300
A	Inderson Nur	sing Ho	me	D. STREET ADDRESS	(If rurol, give location)	
				P	am Road #7	
. S EX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (tn years lost birthdoy)	If Under 1 Yi. If Under 24 His. Months Days Hours Min.
Male	White		owed	June 27, 1874	91	
	CUPATION (Give kind of world working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	overnment			Baltimore	. Md.	U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN		0.00111
					Damas	
	arman Muhly		16 500141	17. INFORMANT	Bauer	ADDRESS
os, na ar unknov	od Evor in U. S. Armed Fo vn) (If yes, givo war ar date	es af sorvico)	SECURITY NO.	INFORMAN I		ADDKE22
No			None	Helen L. Mc	Clean 7401 I	Latham Road
1B.44 2	0.01	*	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI		0 4	1 +	-" 11 - 9	1
	LEADING TO DEATH		(A) Cizel	riescloret	ic gearly	escase Juba
	nal mean the mode al , asthenia, etc. Il meons		DUE TO			
injury or co	implication which caused	death.)	Hr.	antino	selcrosis	1 2
	ANTECEDENT CAUSES	5	DUE TO	: Coa Couc	YCCULEUCY	
rise to I	OR CONDITIONS, if he obove couse (A)		101 1024	brated Di	verticular	m 10-7-65
UNDERLYIN	NG CONDITION last.		/		ocum_	
Z		CONTRIBUTION	,			
E TO THE	NIFICANT CONDITIONS (ATED TO TH	E			
DISEASE O	R CONDITION CAUSING DE OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSYZ (Yes	or No. 20B. IF YES WER	E FINDINGS CONSIDERED
19A. DATE O		FORMED	THE STERNING TO	Oh a	IN CERTIFYING C	AUSES OF DEATH?
21A. ACCID	ENT WAS UNDERLYING] 21B	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	ID (If in Boltim	oro City, give exact location)
OR CONTRI	BUTING CAUSE OF	hom	no, farm, foctory, street, o	ffice bldg., INJURY OCCU	R?	
U				015 110 110 110	MILLIAN A COLLEGE	;
OF INJURY	(Month) (Doy) (Your)		INJURY OCCURRED		INJURY OCCUR?	
(APPROX)		Wh	ile At Not While		-2	
22, 1 certif	y that (1) (this haspita	l) attended t	he deceased fram	6-27-	- 1950 to	11-13-1965
	e) last saw the deceas		11 1	3-1965 an	d that in(my) (aur) a	pinion death accurred an the dat
						211
23A. SIGNAT		A A A	1) (We) (did (did nat)	riam like bady atter de	7.70 /	23 B, DATE SIGNED
3,014	Mall	Ma	M.D. Att	onding TO Med.	Stoff	
	(10lect)	X	Phy	s. Director	Phys.	11-13-65
23C. PHYSIC NAME	(Type)	0.		23D. ADDRESS	1 1 1	. 0 2 . 2 2 1 4
Haraka Kara	W.H.	3111	er M.D.	3/05 911.1	Markon ST	t. Mallo and Alai
AA. BURIAL CE	REMATION, 24B. DATE	24C. N.	AME of CEMETERY or CR	EMATORY 24	D. LOCATION	(City, town, or county) (Stote)
Buria		65 Wa	odlawn Ceme	term	Baltimore	, Maryland
	D BY HEALTH DEPT.		OF REGISTRAR	256. FUNERAL DIREC	CTOR /	ADDRESS
N	OV 16 1965 (D. B. S	For Bouten	6. Cleanor	& Amacos	
411	0, 70,1000	Wall -		Ellsworth A	rmacost 460	00 Liberty Heights

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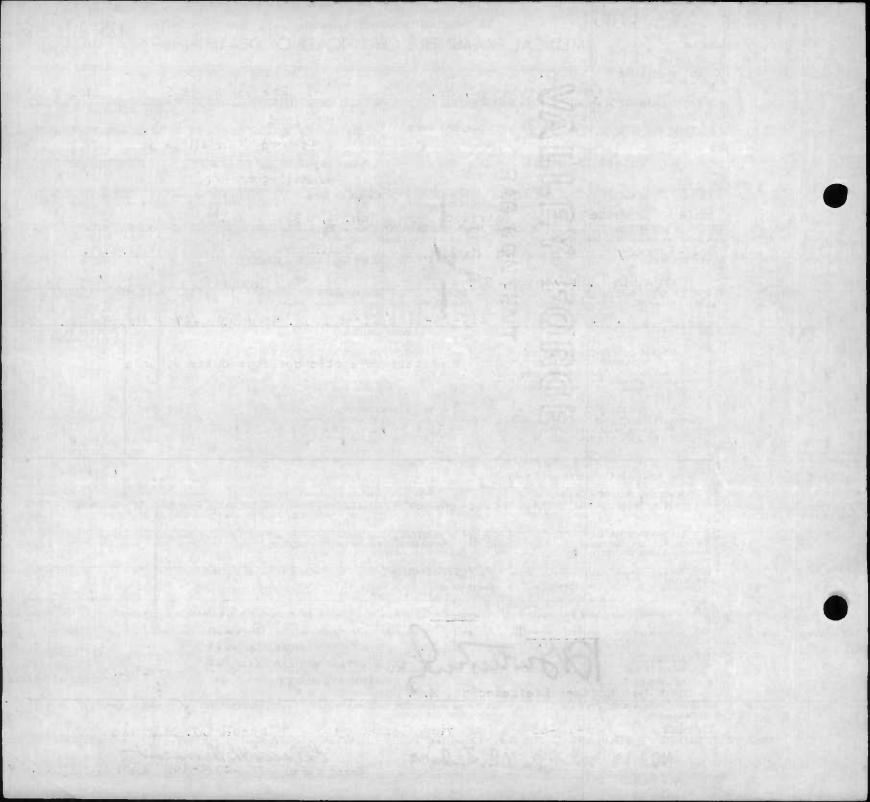


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

	05 44000	BALTIMORE	CITY HEALTH DEPARTME	NI	65 11682
BIRTH NO.	65 11683	CERTIFI	CATE OF DEAT	TH Registered No	
I, NAME OF DEC	CEASED		2. DA	TE AND HOUR OF DEAT	н
(Type or Print)	MAE LOFLA	IND		11-10-65	1 4:30 P.
3. PLACE OF DE	ATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE	E (Where deceased lived, If	institution: residence before admission
			A. STATE MARYU	COUNTY	
FULL NAME (address at location)				e RURAL and give tawnship)
INSTITUTION	MARYLAND	GENERAL HOSP	MALL BALTIN	ANDE	e KOKAL ond give fawnship!
/	BALTIMORE,		D. STREET ADDRESS	(If rurol, give location)	
(DAULIMORE !	MAKETLAND		DRWOOD AVI	E
- SEX	6. RACE 7. N	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., II Under 24 Hrs.
FEMALE		VIDOWED, DIVORCED (specif		lost birthday)	Months Doys Hours Min.
		WIDOWED		82	
	UPATION (Give kind of work 10 B. working life, even it retired)	KIND OF BOSINESS OK INDI			12. CITIZEN OF WHAT COUNTRY?
Hos	tres		PENNSYLU	ANIA	U.S.A
3. FATHER'S NA	ME		14. MOTHER'S MAIDE	N NAME	
JOSER	H WALKER		MARY M	ie COUCH	
5. Wos Deceoses	Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknow	(If yes, give wor or doles of	service) SECURITY NO.	MIDE IN INLES	6. FUNSTON	2111 MOISMOOD YA
No		186-07-74	102	0. 10 N > 10 N	gay, othas
1B. Lofo &) / XI	CAU	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRECTL	LY	2+0/	200	
(T) :- 1 :-	LEADING TO DEATH	(A)	Cuphired C	Modommal	30 mm.
	nal mean the made of dyin asthenia, etc. It means the		Claritaly	neurysm 1	
injury or car	mplication which coused deal	h.)	Add	0:00	
	ANTECEDENT CAUSES	(B) DUE TO	and the	and the same	the chan
	OR CONDITIONS, if any,	giving	U]
	e abave cause (A) sloti G CONDITION last.	ing the (C)			
CHOCKETTA					
Z OTHER SIGN	II IFICANT CONDITIONS CONTI	PIRITING			
E TO THE C	EATH BUT NOT RELATED	TO THE			
	F OPERATION 198. CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WER	E FINDINGS CONSIDERED
2	WAS PERFORM		Ues	IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	21B. PLACE OF INJURY	e.g., in or about 21C. WHERE	DID (II in oltimo	ore City, give exact location)
OR CONTRIB	UTING CAUSE OF medical examiner	home, form, loctary, streetc.)	et, affice bldg., HVJURY OCC	U R?	,,
U					
OF INJURY	(Manth) (Day) (Year) (Ha			ID INJURY OCCUR?	
(APPROX.)			While Work		
22 000016	that (1) (this hospital) att		Α Ο	D 1965 to V	lovember 10 1965
LA COPTITY	The (I) (This nespite) of	anded the deceased from	10.000	17 W. 1 to	19 (
) last sow the deceased oli		10 19 4)	and that in (my) (our) of	pinion deoth occurred on the do
	d from the couses stoted a	bove. (I) (We) (did) (did r	not) view the body ofter d	eoth.	
23A. SIGNATI	JRE ON ON	1			23B, DATE SIGNED
	Mala Maria	M.D.	Altending Med. Phys. Director	Staff Phys.	11-10-65
23 C. PHYSICIA	AN'S ONLES	0 2-11 10	23D. ADDRESS		
NAME (Typel ROSA RIO	D. BELLO	M.D. MARYL	AND GENEIS	AL HOSPITAL
4A. BURIAL CRE	MATION, 24B, DATE	24C. NAME of CEMETERY	RAI	TO MID	
REMOVAL	Specify)	240. WAINE OF CENTETERY	H CKEIVIATORT	24D. EUGATION (City, tawn, ar county) (State)
Burial	11/13/65	Lorraine Ce	emetery	Baltimore,	Md
SA. DATE REC'T	BY HEALTH DEPT. A 258.	BE, Farley MAR	125CJAUNERAL DIR		
MO	A TO 1900 (15 Cost	1) C. Varocymin	Ellsworth	Armacost 460	00 Liberty Heights
/S 150-REV. 1/1/				100	Liberty Heights



BIRTH NO.	MEDI	CAL EX	(AMINER'S CI	ERTIFICATE OF	DEATH Registe	red No
M.E. CASE NO.	CEASED L	•		2. DATE A	ND HOUR PRONOUNC	ED DEAD
(Type or Print)		PUPTIENC	ON Tr		mber 9, 1965	
3. PLACE IN BALT	BENJAMIN S			4. USUAL RESIDENCE (When	e deceased lived. If inst	itution: residence before odmission)
				A. STATE Maryland	B. COL	INTY Phase
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN (If outsi	de corporote limits, write x Randallsto	
7	Sinai Hospit	al .		D. STREET ADDRESS (If rure 47 Millst		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
male	white		DIVORCED(specify)	Tan 4 1024	lost birthdoy) 41	Months Doys Hours Min.
				Jan. 4, 1924	gn country)	12. CITIZEN OF
done during most of v	working life, even if retired)					WHAT COUNTRY?
Self-Em	ployed	Auto		Baltimore	A.F.	U.S.A.
			_			
Benja	amin L. Steve	nson,	Sr.	17. INFORMANT	Inknown	ADDRESS
	of the sest of the ses		SECURITY NO.	17. INFORMANT		ADDRESS
Yes	W.W.11		217-14-2188	Virginia M. St	evenson-47	Millstone Rd
1B. 4	2 1			OF DEATH	C Y CALDOTT	INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	DECTI V				ONSET AND DEATH
(This does in heart faiture, injury or con	LEADING TO DEATH not meen the mode of , osthenio, etc. It meens mplication which coused	dying, e.g., the discose,	(A)Arterio	sclerotic cardi	ovascular di	sease
DISEASES RISE TO TH UNDERLYIN	ANTECENDENT CAUSE OR CONDITIONS, IF A LE ABOVE CAUSE (A) ST NG CONDITION LAST.	NY, GIVING	(B)(C)			
TO THE	II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	ATED TO				
.	OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	
O UNDERLYING	L CAUSE WAS OR CONTRIB-	21 B. hometc.)	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boftimore City, gi	ve exact location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		WHILE AT NOT WORK	21F, HOW DID IN	JURY OCCUR?	
	tify that I held an I	nquiry 🗌	Inspection X Aut	opsy and that an t	his basis, death in r	
resul	Ited fram: Natural car	uses 🗱	Accident Suicid		Undetermined mann	er 🗌
ACTUA SIGNAT EXAMIN	URE	Juile	want M.D.	CHIEF MEDICAL E ASSISTANT MEDICAL E ASSOCIATE MEDICAL I	XAMINER	DATE SIGNED 11-10-65
	Type) Rudiger	Breiten	ecker, M.D.			
3A. BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	CREMATORY 23D.	LOCATION (City	, town, or county) (State)
REMOVAL (Specify Burial	11-12-	65	Lakeview Cer	netery Ca	rroll Co. M	Maryland
24A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL DIRECTO	R	ADDRESS
NŌ	V 16 1965 R	Pert &	. Farleyma	Ellsworth A	rmacost-460	00 Liberty Hghts. A



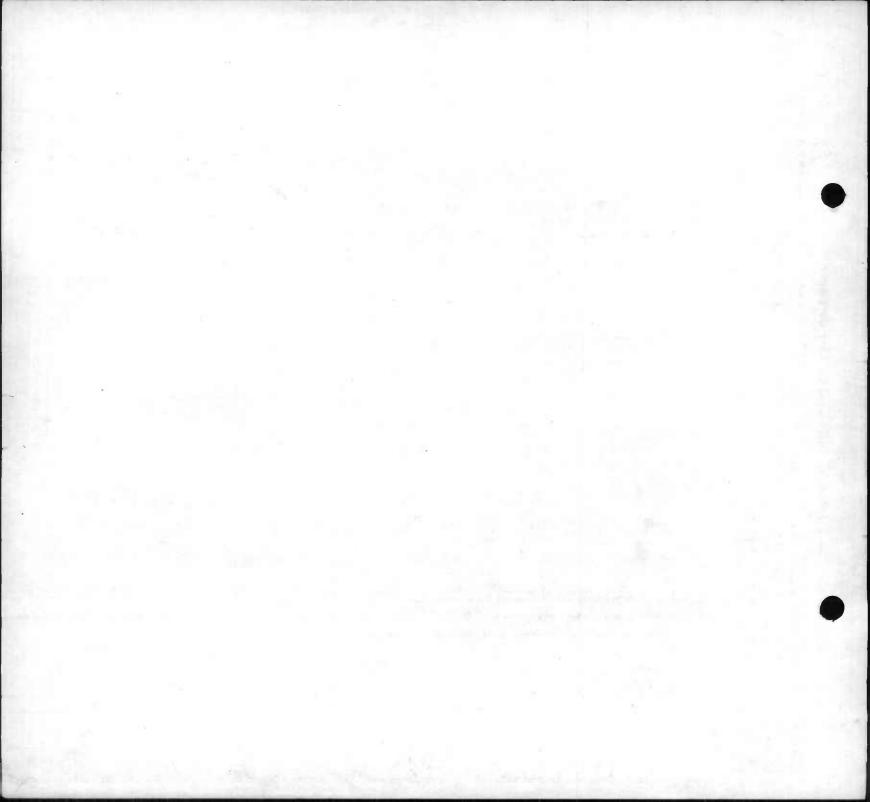
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	65	11685		BALTIMORE CITY HEAL			CE AAOO
BIRTH	NO.	MEDI	CAL EX	KAMINER'S CI	ERTIFICATE C	OF DEATH Registe	ored No. 65 1168
	CASE NO.						
1. NA	AME OF DECEAS			a i Daay	2. DA	TE AND HOUR PRONOUNC	1-1
2 91	ACE IN BALTIMA	VERNO RE MARYLAND, WI		CARSON	A LISTIAL DESIDENCE	11/11/4/6	11:15 a. M.
FULL				UTION, GIVE STREET	Mary	land autside carporate limits, write	itution: residence before admission! JNTY RURAL and give township!
	TUTION				Balti	m o Me	
0	10	4 S. Fulton	n Ave.		D. STREET ADDRESS	If rurol, give locotian)	
5. SEX	X 6. R	ACE	7. MARRIED.	NEVER MARRIED	II 10	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
		hite		DIVORCED (specify)	12-24-1889	lost birthday	Months Doys Hours Min.
done	during most of working	ION (Give kind of working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	44	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	atchman THER'S NAME		Mac	hinery	Maryland 14. MOTHER'S MAIDEN	NAAAE	
13, FA	ATHEKS NAME		Carson		14. MOTHER'S MAIDEN	NAME	
		ER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
(Tes,	no of unknown, till y	es, give wor or dote:	s of service)	220-18-3896	Mrs. Catheri	ine Crooks, 104	S. Fulton Ave
11	B. (10	X		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE O	R CONDITION DI	RECTLY	**	7.4 - 2.4	1	
		ADING TO DEATH	dvina e.a.			chronic benig	n nyper-
	heart failure, asti	enio, etc. It means otion which coused to	the disease,	-502-10	trophy of pro	state grand	
	ANTE	CENDENT CAUSE	,				
	DISEASES OR	CONDITIONS, IF A	NY, GIVING	(B)	***************************************	***************************************	
	UNDERLYING	CONDITION LAST.	ATING THE				
8				(C)			
CATION	OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTI	NG			
	TO THE DEA	TH BUT NOT REL	ATED TO				
CERTIFI			DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE FI	
UU	INDERLYING OR	CONTRIB-	21 B, hame etc.)	PLACE OF INJURY (e.g., e, farm, factory, street, o	in or about 21C. WHERE INJURY OCC	DID (If in Baltimare City, gi	ive exact location)
X 2	TIME (MI	anth) (Day) (Yeor		21E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
	22.		m.	WHILE AT NOT AT W	ORK		
	1 certify		nquiry 🗌			on this bosis, deoth In	
	resulted	from: Notural cou	ses X	Accident Sulcid		Undetermined monn	er
	ACTUAL	1.00.	,, <	-/-		AL EXAMINER	DATE SIGNED
	SIGNATURE EXAMINER	S		70.3	ASSISTANT MEDICA		11/14/65
22 A		Werner U.		M.D.	CDEALATORY	23D LOCATION (City	, town, or county) (Stote)
	BURIAL CREMAT						
244	Burial	11-17-	7905 L	orraine Park (Baltimore, Md.	ADDRESS
24A.	NOV	16 1965	Chart	E, tarboy MA	Thomas J.		Hollins St. Balto.

35 35 Nevascos Manusland PERSON. 222476-3896 the Catherine Jacobs, 1945 Falton ve Surfat : 11-17-1965 (annaine Park Cenetery Pattinuna, Ad. 1004-152 (157 (1927 1937 1947 20 19 Thomas Williams Millery Mars 1600 Hallism 154 (1840)

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death. FUNERAL DIRECTOR: IMPORTANT

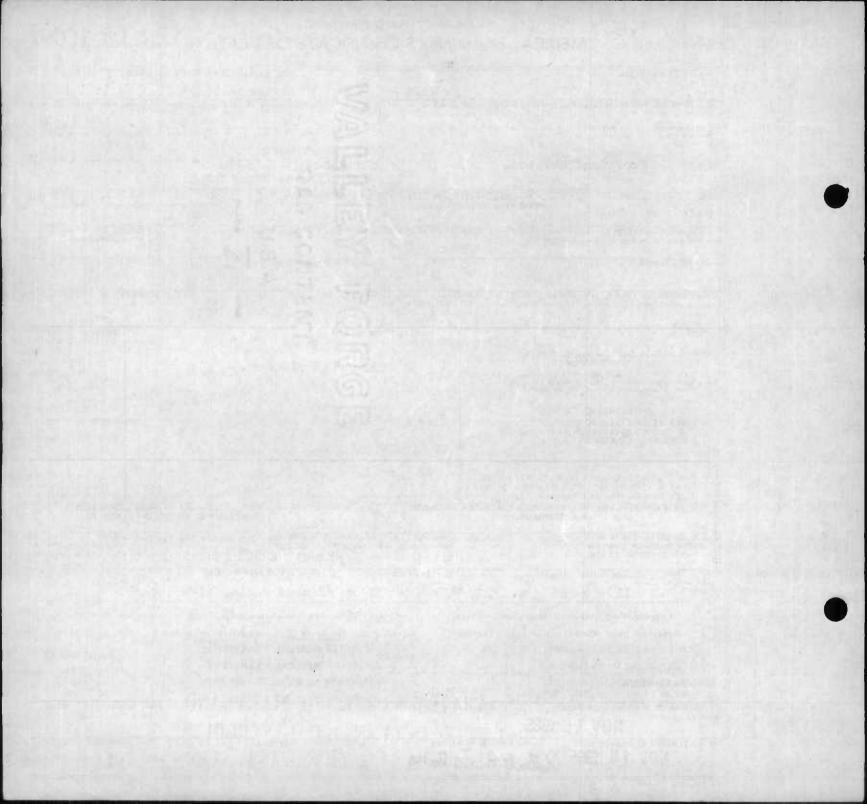
BIRTH NO.	65 11686		TE OF DEATH	Registered No.	65 11686
M.E. CASE NO. 1. NAME OF DE (Type or Print)	CEASEO GLAZEMAN	KAtie	2. DATE AN	D HOUR OF CEATH	1750 4
3. PLACE OF D	EATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (When	e deceased lived. If in	stitutian: residence before admission
FULL NAME HOSPITAL OF		nstitution, give street	C. CITY OR TOWN (If out	eide city limite, write l	RURAL ond give township)
INSTITUTION			BALTIMO	re	A. A.
BON	Secours 1	Hospital	D. STREET ADDRESS (III	ural, give locotion)	26 N Wheele
5. SEX		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		P. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Ooys Hours Min.
	CUPATION (Give kind of work 108 of working life, even if retired)	KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (Stote or foreign	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
Hou	se wife	Home	Chesier, &	3, C.	U.S.A.
3. FATHER'S NA	MILIAM LA	Nd	14. MOTHER'S MAIDEN NAM	nd	
5. Was Decease Yes, no ar unknav	ed Ever in U. S. Armed Farces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		219-20-6119	Mrs. Emolia Si	AVAGE.	3933 Roteby Kd
IB. DISE	ASE OR CONDITION DIRECT	TLY CAUSE O	To mural 1	Elad	INTERVAL BETWEEN ONSET AND DEATH
(This does	nat mean the made of dyi	ing, e.g., DUE TO	- Toomas	14101	
injury ar co	implication which caused dec	ath.)	inter an	rest	10 mints
DISEASES	ANTECEDENT CAUSES	OUE TO			
rise ta I	OR CONDITIONS, if ony, the abave cause (A) sto NG CONDITION lost.				
UNDERLIE	II				
E TO THE	NIFICANT CONDITIONS CON DEATH BUT NOT RELATED R CONDITION CAUSING IT.				
19A. DATE O	OF OPERATION 198. CONDITI	ON FOR WHICH OPERATION MED	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF fy medical exomines)	21B. PLACE OF INJURY (e.g., i hame, larm, foctary, street, o etc.)	n ar about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give exact lacation)
21 D. TIME OF INJURY	(Month) (Day) (Year) (H		21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		While At Nat While At Wark		· · · · · · · · · · · · · · · · · · ·	
		tended the deceased from live on MN LU	· 6	9 65 to	VN 14 19 69
	e) lost sow the deceased o			ot in (my) (our) opi	nion death occurred on the dat
23A SIGNAT		abaye. (1) (We) (did) (did not) v	new the body after deoth.		238, DATE SIGNED
X	se & me	M.D. Atte	ending Med.	Stoff Phys.	MN 14,1965
23C. PHYSIC		CLORELOS HIMO.	230. ADORESS	secon	Had
24A. BURIAL CE		24C. NAME of CEMETERY OF CRI	MATORY 24D. LO	CATION (Cit	y, tawn, or caunty (Stote)
DUMAL	11-17-65	MT. Hubur	2N I	SA HO.	Md.
25A. DATE REC'	NOV 1 6 1965	D. B. E. Falley M.A.	25C. FUNERAL DIRECTOR	0.511 11	AODRESS
	MON TO 1909 OF	XXXX	MORTONA	14211 //	Ul LAGRENS



65 1168	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 1
M.E. CASE NO.	
I. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD

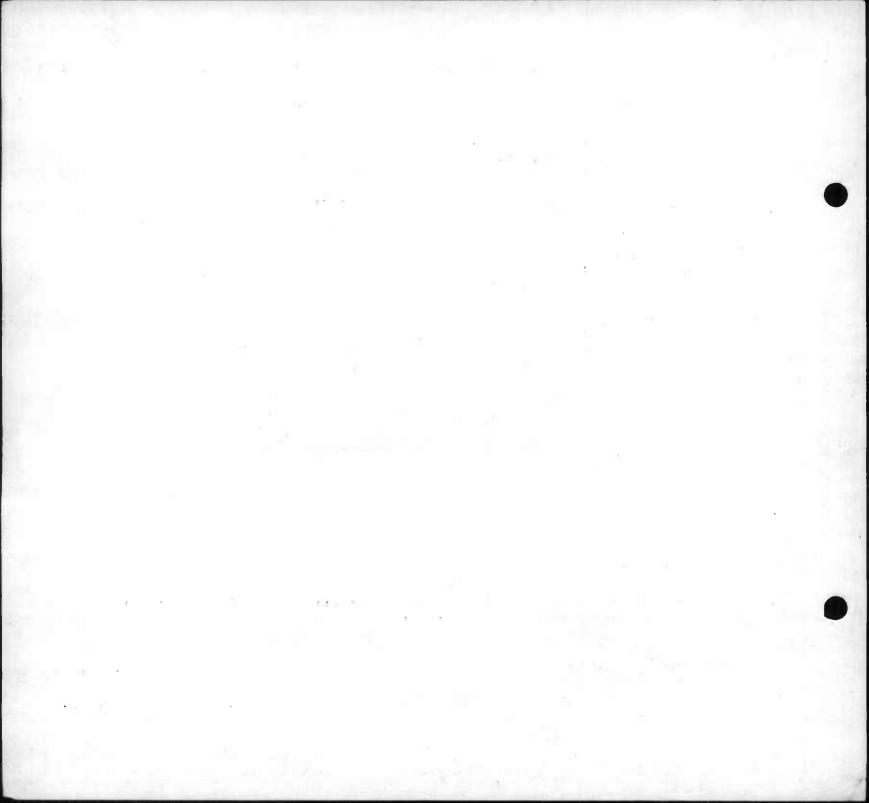
BIRTH NO.	MEDI	CALE	CAMINER'S CI	ERTIFICA	I E OF D	EAIH Registe	red No	0 11001
M.E. CASE NO.								
1. NAME OF DEC	CEASED			-		HOUR PRONOUNCE	ED DEAD	
	STEVE		SMITH			ber 4, 1965		1:21 P
	IMORE, MARYLAND, W			4. USUAL RESID A. STATE Mar	yland	deceosed lived. If insti B. COU	itution: reside	nce before odmission
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	TION)	JTION, GIVE STREET		NN (If outside	corporate limits, write	RURAL ond	give township)
Provident Hospital		D. STREET ADDI		give locotion) sen Street				
s. sex Male	6. RACE Negro		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	н	9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs oys Hours Min.
	JPATION (Give kind of work vorking life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign		12. CITIZEN WHAT	COUNTRY?
3. FATHER'S NAM	NE .	B. S. W.		14. MOTHER'S M	AIDEN NAME			
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		1, 185.75	ADDRESS	
DISEASES (RISE TO TH UNDERLYIN	LEADING TO DEATH not meen the mode of osthenio, etc. If meens mplicotion which coused of antecendent Cause OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST.	dying e.g., the disease, death.) S NY, GIVING	(A) Stab DUE TO (B) DUE TO (C)	Wound of	Abdomer	1.		
TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO 1	'HE		********************			
19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	Ye	1	N CERTIFYING CAUS		
UTING CAU	CAUSE WAS FOR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, of Street	ffice bldg, INJURY Fro	nt of 5	23 Johannse		
OF INJURY (APPROX.)	(Month) (Doy) (Year 11 4 65	Λ \	WHILE AT NOT	WHILE TO C+ o	pped qui	ry occur? ring alterc	ation.	
22.	ify that I held an I			F23		bosis, death in m		
	ted from: Noturol cou		Accident Suicide	Homici		ndetermined monne		
ACTUAL	URE	reles)	CEL M.D.	ASSISTANT M	EDICAL EX	AMINER 🗵		DATE SIGNED 11/4/65
EXAMIN NAME (Type) Charles					AMINER		
23A. BURIAL CRE/ REMOVAL (Specify	NOV 16 19	365	UNIVERSITY	MEDIC	VI SC	HOO!	fown, or co	unty) (State)
	V 16 1965		Falley MA	124C. FUNER	AL DIRECTOR RTUAR	Y SERVIC	E - B	CHD
VS 151-REV. 1/1/					0.7			

11879.2



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

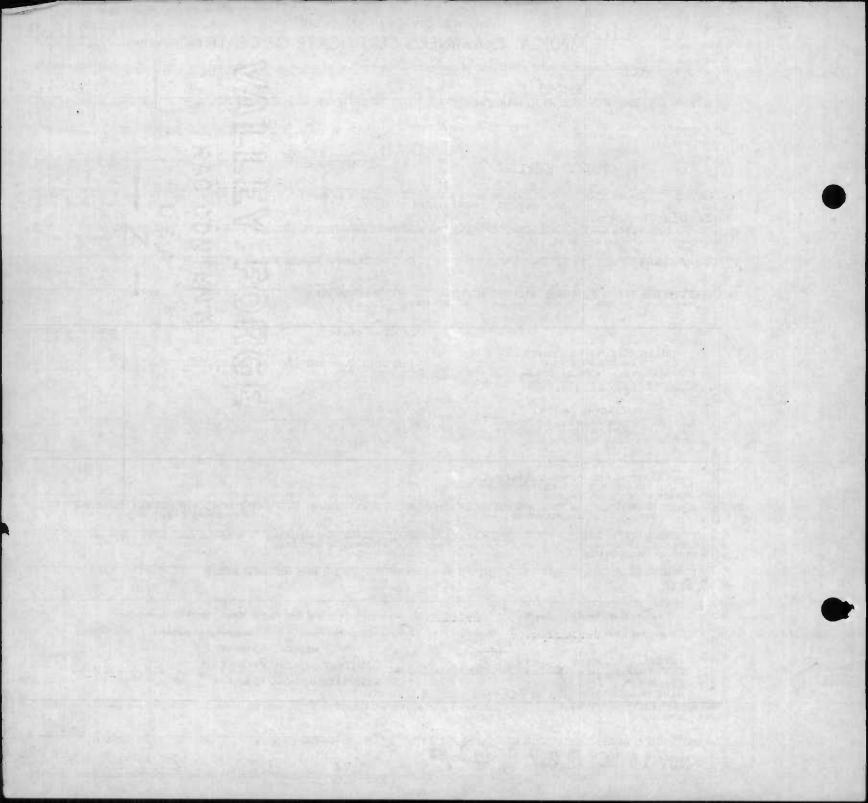
65-28824		BALTIMORE CI	TY HEALTH DEPARTMENT		05 44000
BIRTH NO. 65 116	88	CERTIFIC	ATE OF DEATH	Registered Na.	65 11688
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)			2. DATE AN	D HOUR OF DEATH	
Baby	Girl et	Bobbane Cope	land Novem	ber 10, 196	55 1:30p m.
3. PLACE OF DEATH IN BALTIMORE, FULL NAME OF (If not in hos	pital or institution, g	give street	A. STATE B. COUN	TY	nstitution: residence before admission) 20-04
	en t Hosp		C. CITY OR TOWN (IF OUT	side city limits, write	RURAL ond give township)
7	ivision S ore, Md.			221 Booth	Street
5. SEX 6. RACE Female Negro	widowed		Nov. 9: 1965	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if reti			Maryland	gn country)	12, CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Edward Copel	and		Bobbie Dial		
15. Was Deceased Ever in U. S. Anne (Yes, no or unknown) (If yes, give wor or	d Forces? dotes of service)	16. SOCIAL SECURITY NO.	17, INFORMANT		ADDRESS
			Bobbie Copeland	d mother	same
CTHIS does not mean the made heart failure, asthenia, etc. If m injury ar complication which can an an analysis of the made heart failure are complication which can an analysis of the material of the material of the property of the death o	a of dying, e.g., eans the disease, used death.) JSES if any, giving (A) stoling the . NS CONTRIBUTING RELATED TO TH	(B) C DUE TO	genital atelecta erebral anoxia	(lst)	
WAS	PERFORMED	VHICH OPERATION	yes	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	NG 21 B. hom etc.	e, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location!
21 D. TIME (Month) (Doy) (N		INJURY OCCURRED Ie At At Wo		URY OCCUR?	
22. I certify that (I) (this hose that (I) (we) last saw the decand haur and from the causes	eased alive an	Nov. 10,	19 65 and th	19 <u>65</u> ta <u>No</u> s at in(my) (aur) api	7. 10. 19 65 inian death accurred an the date
23A. SIGNATURE					23 B. DATE SIGNED
	2 Rug	M.D. A	Attending Med. Director	Stoff Phys.	Nov. 11, 1965
23C.PHYSICIAN'S NAME (Type)	l Rose	M.I	23D. ADDRESS D. 1514 Division	St. Balti	imore 17, Md.
24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify) NOV 15			REMARD OF MEAN		ity, town, or county) (Stote)
NOV 16 1965	25B. NAME	farberns ITY	MEDICINA DISCON	RY SERVI	CE - BCHD
VS 150-REV. 1/1/65	•				



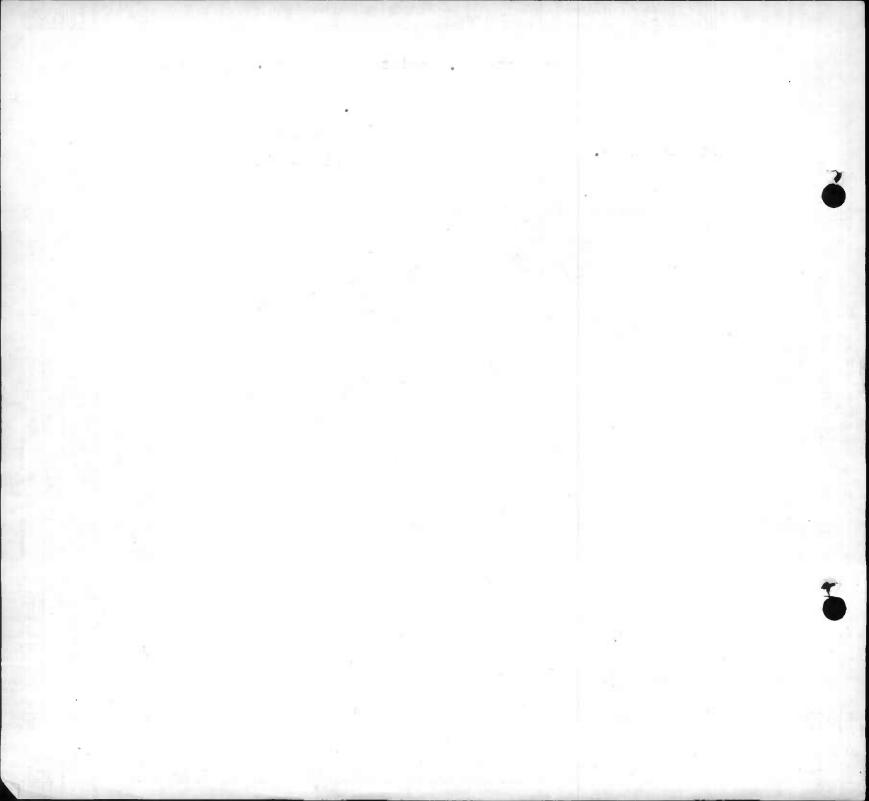
65 11690

BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) FANNIE McCULLOUGH	November 10, 1965 11:35 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
MERCY HOSPITAL	D. STREET ADDRESS (If rurol, give locotion) 1009 Webb Court
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify) Female Negro	B. DATE OF BIRTH 3-11-1591 9. AGE (In yeors lif Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU done doing most of working life, even it settled)	JSTRY 11. BIRTHPLACE (State for foreign, country) 12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	The Sma Freeman 915 Valley St
(This does not meen the mode of dying, e.g., heat failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ertensive cardiovascular disease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	
	NO 20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (change) form, foctory, street etc.	e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) let, office bldg., INJURY OCCUR?
OF INJURY ((APPROX.)	RED 21F, HOW DID INJURY OCCUR?
22. I certify that I held an Inquiry Inspection 🗵	Autapsy and that an this basis, death in my apinian
	CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 11-11-65
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 11-15-65 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REDISTRAR	ERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
NOV 16 1965 Robert E. Farkyna	Raymen Sandoro 217 E. Treston St

VS 151-REV. 1/1/65



	BALTIMORE CITY	HEALTH DEPARTMENT		0 = 11000
BIRTH NO. 65 11690	CERTIFICA	TE OF DEATH	Registered Na	65 11690
1. NAME OF DECEASED (Type or Print) Margaret	ta K.Schmidt	Nov.	1-7	1:30 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If instil	lution: residence before odmission)
FULL NAME OF (If not in hospital or institu	tion, give street	C. CITY OR TOWN (IF out		RAL ond give township)
		Baltimore D. STREET ADDRESS (IF		
913 Kevin Rd.		913 Kevin	Rd	
Tende W. 72	RIED, NEVER MARRIED OWED, DIVORCED Aspecify	Nov. 11/88	fost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KfN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	gil Hollo	14. MOTHER'S MAIDEN NA	ME	
Ringh or dl-11	- m. m. 111	MARALL		
15, Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INPORMANT	N	ADDRESS / P
(Yes, no or unknown) (If yes, give wor or dotes of serv	security NO.	Henry So	umidle	913 Levin
18. 260 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AR:	TERIOSCLEROT.	IC CVD	? mass
(This does not meon the mode of dying, heart failure, asthenia, etc. II means the dis-	e.g., DUE TO C	TERIOSCLEROTION SCLE	ROSIS	
injury or complication which coused death.)	UK	EMIA		1 year
ANTECEDENT CAUSES	DUE TO	INBETES ME.	1117//	3 401
DISEASES OR CONDITIONS, if ony, g rise to the obove couse (A) stoting UNDERLYING CONDITION lost.		METES ME	L. L. 1 1 V.S	: Lass.
OTHER SIGNIFICANT CONDITIONS CONTRIBED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
Q 21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While At Work			
22. I certify that (1) (this heapttal) attend			1964 10 11-	14 19 65.
that (1) (we) last saw the deceased alive	11 - 1 17		-/	in death accurred an the date
and haur and from the causes stated aba			ar military (arr, aprime	in death accorred all the gare
23A. SIGNATURE	ve. (1) (we) (did) (dia_ite) (view the bady after death.	2:	B. DATE SIGNED
Lean askun	M.D. Att	ending Med.	Stoff Phys.	11-15-65
23C. PHYSIC AN'S NAME (Type)		23D. ADDRESS	1 1	10. 4 212
24A. BURIAL CREMATION, 24B. DATE / 24	M.D.	5701	myny Vo	in ane # =1201
REMOVAL (Specify)	Louden CEMETERY OF CR	Z4B. 0	Soldo a 2	10wn, or county) (Stote)
NOV 16 1965 258, NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	11.418	ADDRESS CILLE
VS 150-REV, 1/1/65			110101	



VS 150-REV. 1/1/65



64-12510	BALTIMORE CITY HEALTH DEPARTMENT		111	
H NO. 65 116MEDICAL	EXAMINER'S CERTIFICATE OF	DEATH Registered No	65	111

Type or Print)	DECEASED		2. DATE AN	ID HOUR PRONOUNCE	ED DEAD			
ype or rinu	FEN	TRESS EVANS		5 11:25 a. M				
		WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY 5-0)					
FULL NAME OHOSPITAL OR	ADDRESS OR LO	ITAL OR INSTITUTION, GIVE STREET CATION)	C. CITY OR TOWN (If outside	de corporote limits, write	RURAL and give township)			
135	9 N. Stricker	St.	D. STREET ADDRESS (If rural					
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Haurs Min.			
IOA. USUAL OC	0	ark 108. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote or forei	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
	SED EVER IN U.S. ARM wn) (If yes, give wor or de		17. INFORMANT		ADDRESS			
18. E	983 XI	CAU	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISE	LEADING TO DEA	th Stran	ngulation		Bre sen rect			
heart fails	s not mean the made ure, osthenio, etc. It meo camplication which cause	ns the disease,						
DISEASE.	ANTECENDENT CAU S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LAS	ANY, GIVING DUE TO						
RISE TO		i e						
RISE TO UNDERL	THE CONTINUE LAS	(C)		•••••••	***************************************			
RISE TO UNDERL	II IGNIFICANT CONDITION E DEATH BUT NOT I	RELATED TO THE						
RISE TO UN DERL	II IGNIFICANT CONDITION E DEATH BUT NOT I OR CONDITION CAUSII OF OPERATION 198. CC	RELATED TO THE	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?			

21D TIME OF INJURY (APPROX.)

22.

(Day) (Year) (Haur) 10

I certify that I held an Inquiry

MHILE AT

Inspection

NOT WHILE X strangled probably with undershirt

Autopsy X and that on this basis, death in my apinlan Suicide ___ Homicide X Undetermined manner

resulted from: Natural causes Accident ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER

DATE SIGNED

ASSOCIATE MEDICAL EXAMINER

11/9/65

EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)

23C. NAME OF CEMETERY OF CREMATORY

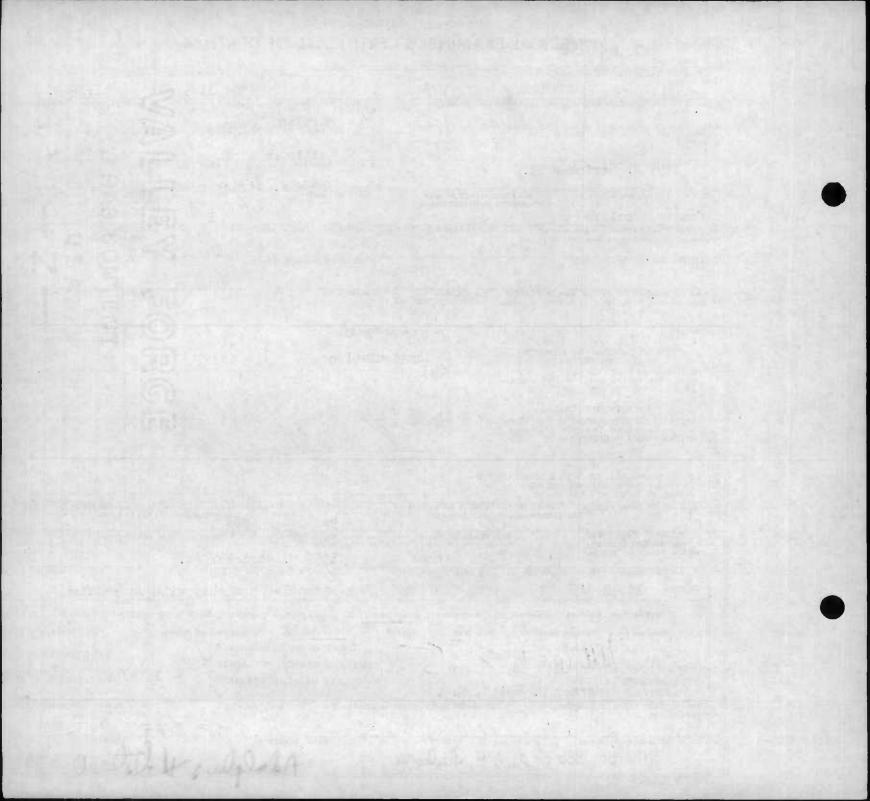
23D. LOCATION

(City, tawn, ar county)

24A. DATE REC'D BY HEALTH DEPT.

24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65



	65	1169	33		BALTIMORE CITY HEAL	TH DEPARTMEN	ΙΤ		65	1:	169	3
BIR	TH NO.			CAL E	XAMINER'S C	ERTIFICAT	TE OF D	EATH Register	ed No	-		
-	E CASE NO.											
	Pe or Print)		DREW	J.	WILLIAMS			ber 11, 196		11	:45	P
3.	PLACE IN BALTIA	MORE, MARY	LAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If insti	lution: resid	dence b	efore ad	mission)
HC	LL NAME OF	(IF NOT II	N HOSPITA	L OR INSTIT	TUTION, GIVE STREET	Mar	yland	corporate limits, write		nd give	ta wn shi	p)
1							timore	/	1	0	Lan	District of the last
14	Pr	oviden	t Hosp	ital		D. STREET ADD		give locotion! r Street		467	100	
5. :	SEX 6	. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years lost birthday)	If Under Months	1 Yr. 1	f Under	24 Hrs.
1	Male	Negro		WIBOWED,	DIVORCED (specify)		?	46	Nonms	Days	nours	PVIIII.
don	USUAL OCCUP	PATION (Give president of the president	kind of work	108. KIND 9	F BUSINESS OR INDUSTR	11. BIRTHPLACE	(Stole or foreign	country)	12. CITIZI WHA	T COU	NTRY?	19
13.	FATHER'S NAME			1.		14. MOTHER'S M	AIDEN NAME	eena				
1	Robe	nt.	Wi	llu	mes	John	reris	ra				
	was DECEASED s, na ar unknown)				16. SOCIAL SECURITY NO.	17 INFORMANT	7 1	. 1. 1 .	ADDRESS	23	04	W
-	200					Mrk	over	& William	10 BC	eller	rees	Me
	18. 42	0.01			CAUSE	OF DEATH		Alles days	00.30	INTER	AL BET	WEEN
	DISEASE	OR COND	ITION DIE	RECTLY								
	(This does no			dying, e.g.,	(A) Arteri	oscleroti	c Heart	Disease.				
	injury or com	plicotion whic	h coused	deoth.l					- 10			
	1	NTECENDEN			(RI				-44			
	RISE TO THE	ABOVE CAL	JSE (A) ST	NY, GIVING	DUE TO		•••••	••••••	*******************			
z	UNDERLYING	G CONDITIO	ON LAST.		ICI							
100		II						Section 1			1000	
CERTIFICATION	TO THE D	EATH BUT CONDITION	NOT REL	ATED TO				•••••		**********		
	19A. DATE OF	OPERATION	198, CON WAS PERF		WHICH OPERATION	20A. AUTOPSY No		20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS C	ON SIDE	RED	
EDICAL	21 A. EXTERNAL UNDERLYING CAUS	OR CONTRIB-		21 B. hom etc.l	PLACE OF INJURY (e.g., ie, farm, foctory, street,	in ar about 21C. V	VHERE DID (lf in Boltimare City, giv	e exact la	ication)		
Z		(Month) (D	oy) (Yeor	(Hour)	21 E. INJURY OCCURRED	21F. HG	DENI DID INJU	RY OCCUR?		-	-	
	OF INJURY (APPROX.)			m.	WHILE AT NOT AT W	WHILE ORK						
	22. I certi	fy that I he	ld on Ir	nquiry 🗌	Inspection X Aut	opsy	that on thi	s bosis, deoth in m	y opinlor	1		
	resulte	ed from: No	turol cou	ses X	Accident Suicid	e Homici	de 🗌 U	Indetermined monne	r 🗌			
	ACTUAL	-	0/		//		EDICAL EX			DAT	E SIGI	NED
	SIGNATU		I he	ales I	Telly M.D	ASSISTANT M	EDICAL EX	AMINER X				

EXAMINER'S
NAME (Type) Charles

23A. BURIAL CREMATION, 23B. DATE
REMOVAL (Specify)

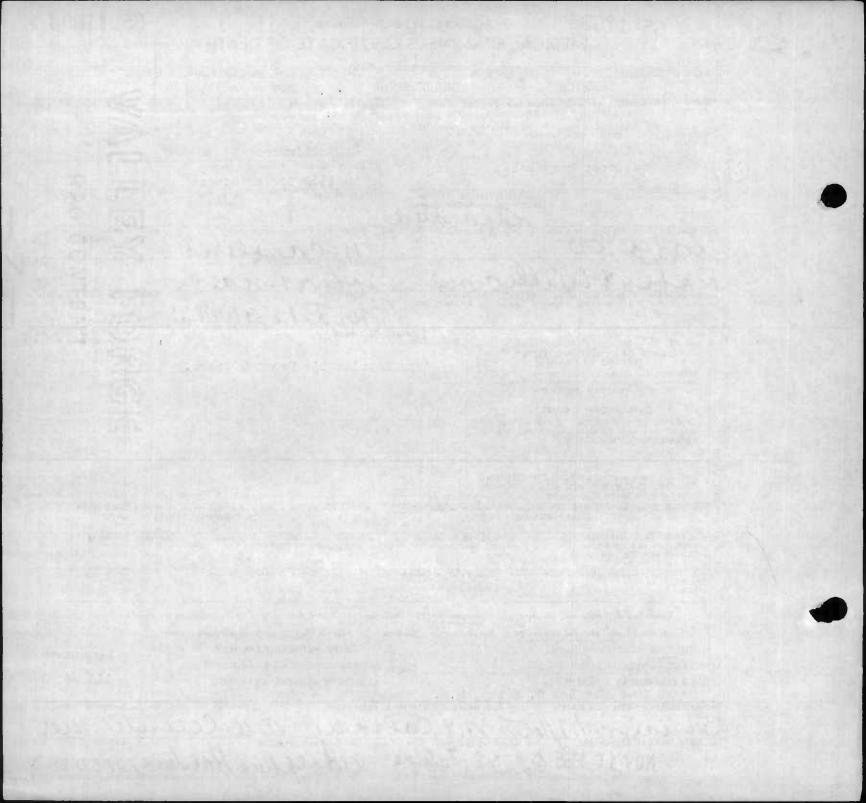
Charles S. Petty, M.D.

| 23C. NAME of CEMETERY of CREMATORY

ASSOCIATE MEDICAL EXAMINER

1112/65

VS 151-REV. 1/1/65



(Stote)

65 11694 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 11/13/65 2:30 a. GEORGE TAYLOR 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) 2943 Belmont Ave. University Hospital B. DATE OF BIRTH 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. 5. SEX lost birthdoy Months, Doys, Hours, Min. WIDOWED, DIVORCED (specify) colored male Separated BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Construction North Carolina
4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ISAAC TAYLOR IRENE DICKSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SO CIAL 7. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. MR ISAAC TAYLOR, WILSON N CAROLINA INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (ABronchopneumonia and pulmonary embolism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) complicating gunshot wound of neck and abdomen ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 0 CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes yes

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB-(If in Boltimore City, give exoct location) 520 N. Fulton Ave. street 21D TIME 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) (Hour) 21 E INJURY OCCURRED OF INJURY 5:00p . WHILE AT NOT WHILE shot during altercation (APPROX.) 10 Autapsy X I certify that I held an Inquiry Inspection and that an this basis, death In my apinion Homicide X resulted from: Natural couses Accident Suiclde Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE_

23C, NAME of CEMETERY of CREMATORY

WILSON 24B NAME OF REGISTRAR

11/16/65

Spitz

24C. FUNERAL DIRECTOR NORTH CAROLINA ADOLPHUS HALSTEAD 1206 W North Ave

(City, town, or county)

23D. LOCATION

ASSOCIATE MEDICAL EXAMINER

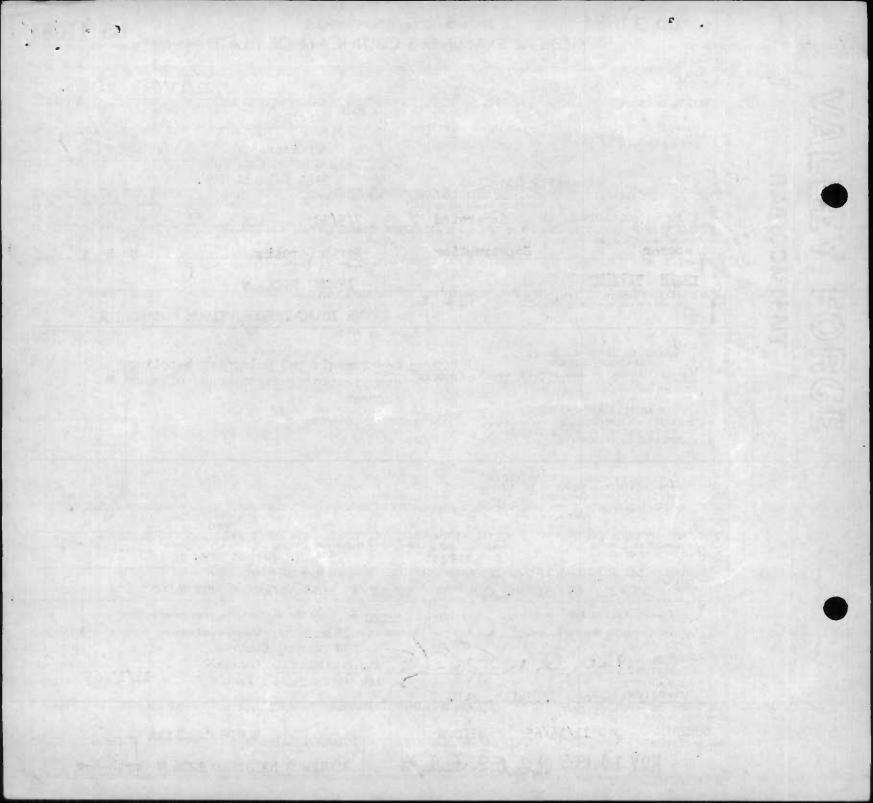
EXAMINER'S

23A, BURIAL CREMATION,

REMOVAL (Specify)

BURIAL

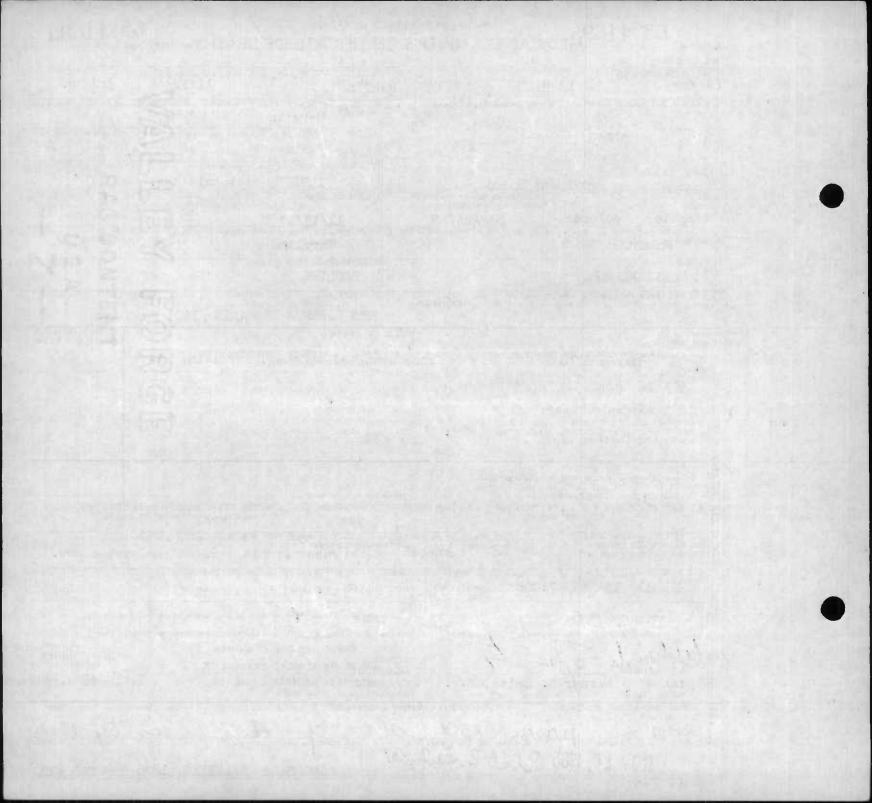
NAME (Type) Werner U.



M 635

			FATH Register	65	11695)
MAMINALK 3 CL	KIIIICA	IL OI D	LA III Kegisiei			
	. A TOTAL SERVE	2. DATE AND	HOUR PRONOUNCE	D DEAD		
JESSUP MA	RTIN		11/12/	65	9:20 p.	4.4
JNCED DEAD	4. USUAL RESID	DENCE (Where de	eceosed lived. If insti B. COU	tution: resid	dence bafore admi	ission)
JTION, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, write	RURAL or	nd give township)	
	Ba	altimore		14	-07	
	D. STREET ADD	RESS (If rural, g	ive lacation)			
ital	1)	101 Penns	ylvania Av	e.		
NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years			
		38	TVIOTINIS	Duys		
	11. BIRTHPLACE	(State or foreign	country)			
	Mar	yland			SOUNARIS	
						7
	PAULIN	E				
	17. INFORMANT			ADDRESS		
JECOKITI NO.	MRS ROBE	ERTA FRAN	KLIN 1401	Penn	Ave	
CALLSE						VEEN
CAUSE	or bearing				ONSET AND DE	
	und of al	bdomen, i	nvolving l	iver		
DUE TO		•••••••••			• • • • • • • • • • • • • • • • • • • •	*********
				233		
DUE TO						
(C)			*******************			
NG				- 45		
HE						
WHICH OPERATION	20A. AUTOPS	Y? (Yes or No) 20	B. IF YES, WERE FIN	NDINGS C	ONSIDERED	
	yes	11	CERTIFULG CAUS	ES OF DE	ATH?	
PLACE OF INJURY (e.g., i	n ar obout 21 C.	WHERE DID (IF	in Baltimore City, giv	ve exact la	cation)	
street, o	Pen:	nsylvania	a Ave. and	Lafay	ette Ave.	,
TE. INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?			-
WHILE AT NOT	WHILE H	hhed in a	hdomen			
WORK AT W	ORK SUA	pped III e	ab domen			
Inspection Aut	apsy X an	d that an this	basis, death In m	y apinlo	1	
ccident Sulcide	Homic	ide 🏋 Un	determined manne	er 🗌		
	CHIEF	EDICAL EXA	MINER _		DATE SIGN	ED
7	ASSISTANT M	EDICAL EXA	MINER		DATE SIGN	EU
				11/	13/65	
C. NAME OF CEMETERY OF	CREMATORY	23 D. LO	CATION (City,	town, or	county) (Sto	ite)
MIX Cal	more	1 7	a Cor	en	www	d
OF REGISTRAR	24C. FUNE	AL DIRECTOR		A	DDRESS	
r E. Jankey M. A			TAY OFFICE TO	100/ 1	Wanth A	
	AI	OLPHUS	HALSTEAD	LZUO M	MOPUL A	46
	JESSUP JESSUP JINCED DEAD JITION, GIVE STREET NEVER MARRIED DIVORCED (Specify) PARATED F BUSINESS OR INDUSTRY CAUSE Stab WO (A) DUE TO (B) DUE TO (C) NG HE WHICH OPERATION PLACE OF INJURY (e.g., in the continuous of the continuo	JESSUP MARTIN JESSUP MARTIN JINCED DEAD JA. USUAL RESID A. STATE C. CITY OR TO B. D. STREET ADD LATE OF BIRT DIVORCED (specify) PARATED JA. MOTHER'S MART A. MOTHER'S MART LA MOTHER'S MART PAULIN 16. SOCIAL SECURITY NO. CAUSE OF DEATH Stab Wound of all (A) DUE TO (B) DUE TO (C) PLACE OF INJURY (e.g., in or obout 21C. (A) OF REGISTRAR MAT WHILE AT AUTOPS PLACE OF INJURY (e.g., in or obout 21C. (C) MISSUP PER INJURY OCCURRED WHICH OPERATION AND ASSISTANT MART CHIEF MART C. NAME OF CEMETERY OF CREMATORY OF REGISTRAR C. NAME OF CEMETERY OF CREMATORY OF REGISTRAR C. NAME OF CEMETERY OF CREMATORY C. NAME OF CEMETERY OF CREMATORY C. NAME OF CEMETERY OF CREMATORY ASSOCIATE OF CREMATORY OF REGISTRAR 24C. FUNGAL 24C. FUNGAL 24C. FUNGAL 24C. FUNGAL 24C. FUNGAL C. NAME OF CEMETERY OF CREMATORY ASSOCIATE OF CREMATORY C. NAME OF CEMETERY OF CREMATORY	JESSUP MARTIN JESSUP MARTIN JESSUP MARTIN JESSUP MARTIN A. USUAL RESIDENCE (Where de Maryland C. CITY OR TOWN (II outside Baltimore D. STREET ADDRESS (II rurol, gill 1401 Penns Never Married Divorced (Specify) PARATED F BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign Maryland 14. MOTHER'S MAIDEN NAME PAULINE 16. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 17. INFORMANT MRS ROBERTA FRANCE (Slote or foreign Maryland 18. MOTHER'S MAIDEN NAME PAULINE 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Maryland 19. SOCIAL SECURITY NO. MRS ROBERTA FRANCE (Slote or foreign Mary	AMINER'S CERTIFICATE OF DEATH Register JESSUP MARTTIN 2. DATE AND HOUR PRONOUNCY 11/12/ JINCED DEAD JINCED DEAD JINCED DEAD JINCED DEAD JINCED DEAD JINCED BAD A STATE Maryland LA OF HELL AND HESS (If ural, give locosion) JINCED PRINSYLVANIA A VIOLATION JINCED BATTH JOA AGE (In years lost birthdoy) Maryland LA MOTHER'S MAIDEN NAME PAULINE JOAN HOLD TO CAUSE OF DEATH SECURITY NO. MRS ROBERTA FRANKLIN 1401 CAUSE OF DEATH Stab Wound of abdomen, involving land to the property of the principle of	AMINER'S CERTIFICATE OF DEATH Registered No. JESSUP MARTIN 2. Date and hour pronounced pead 11/12/65 A. STATE Maryland 3. STATE Maryland 4. STATE Maryland 5. COUNTY 6. STREET 6. COUNTY 6. STREET 6. COUNTY 6. STREET 6. COUNTY 6. STREET 6. STREET	JESSUP MARTIN 2. DATE AND HOUR PRONOUNCED DEAD JINOR, GIVE STREET JINOR, GIVE JINOR, GIVE JOE JOE JOE JOE JOE JOE JOE JOE JOE JO

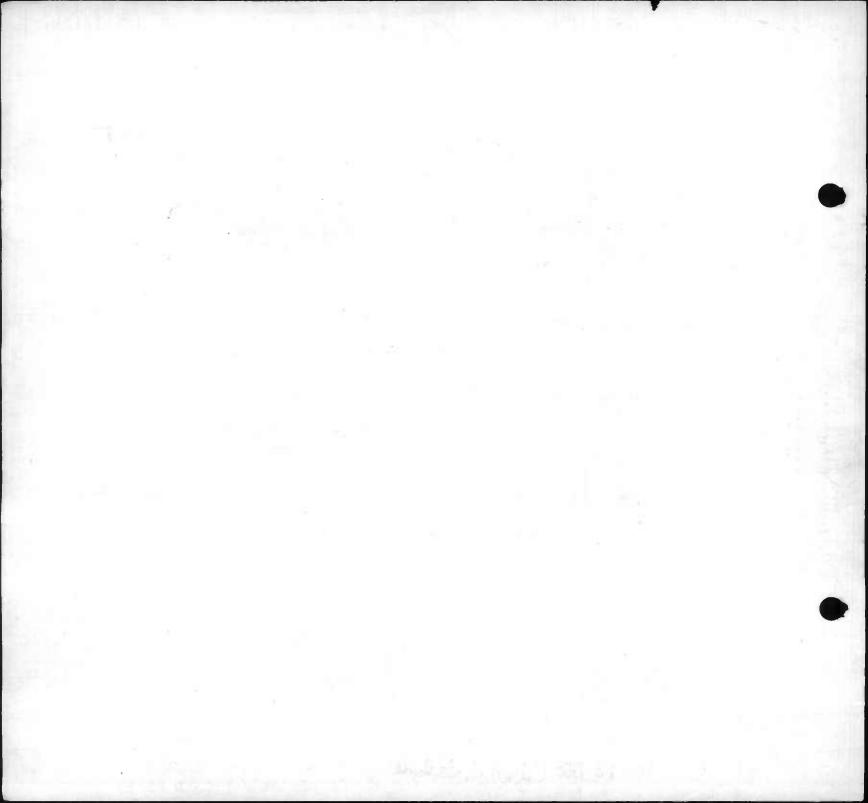
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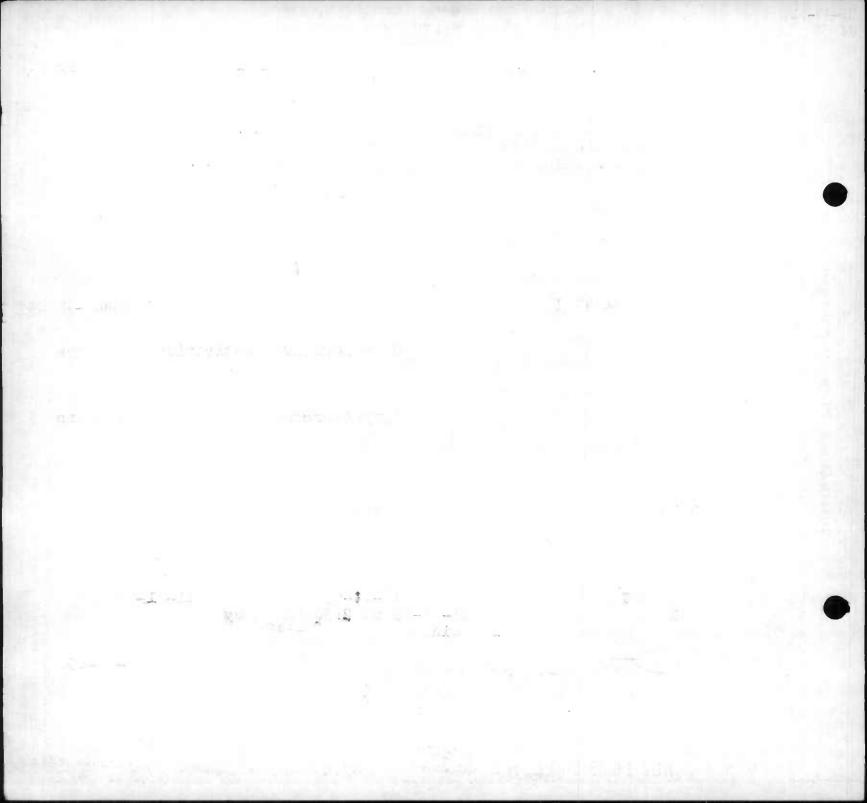
BALTIMORE CI	ITY HEALTH DEPARTME	NT	05 44600			
BIRTH NO. 65 11696 CERTIFIC	ATE OF DEAT	TH Registered Na	. 65 11696			
M.E. CASE NO. 1. NAME OF DECEASED		TE AND HOUR OF DEATH	4			
OOLLIE FRITCHMAN	November 12 1065					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission			
		COUNTY	1-01			
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	MARYLAND		PUPAL and give toweship)			
INSTITUTION		c. CITY OR TOWN (If outside city limits, write RURAL ond give township) 1104 South Robinson Street				
Maryland General Hospital		(If rurol, give location)	0 01 00 0			
	Baltimor	e, Maryland	21224			
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. , If Under 24 Hrs Months: Doys Hours : Min.			
Female White Single	AUG 13-18	279 86				
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if relired) Sales Lady Retired	Steelton	Penna.	USA			
3. FATHERS NAME	14. MOTHER'S MAIDE	N NAME				
John Fritchman		Kel:	ler			
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT		21202 RESS			
Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.) for T 000000	0+-7 7002				
CAUCE	OF DEATH	Ortel 1003	Maryland Trust			
	OF DEATH		ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 1	- M.A. A				
(This does not mean the mode at dying, e.g., DUE TO	1. OF DYEUS!	E METASTASE				
hearl failure, osthenia, etc. 11 means the disease,						
injury ar complication which caused death.)						
ANTECEDENT CAUSES (B)	***************************************	************************************				
DISEASES OR CONDITIONS, if ony, giving	run - chim	uic Congestiv	a Fartura =			
rise to the above couse (A) stoling the (C) AS UNDERLYING CONDITION last.	CVD C CWN	uc toutour				
II .						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED			
	no					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or CONTRIBUTING CAUSE OF home, form, foctory, street,	g., in or obout 21 C. WHERE olfice bldg., INJURY OCC	DID (If in Boltime	ore City, give exoct location)			
DEATH (notify medical examiner)						
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?				
OF INJURY (APPROX.) While At Not W	Vhile					
	ork —					
22. I certify that (I) (this hospital) attended the deceased fram	000+004004004400+400+00000000000000000	19ta	19			
that (I) (we) last saw the deceased alive an			oinian death accurred an the da			
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after d	eath.				
23A. SIGNATURE		6. 11	23B. DATE SIGNED			
Cerar Valle Cavero M.D.	Attending Med. Phys. Director	Staff Phys.	11/15/65			
23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS					
Cesar Cavero M.	D. 8629 Lit	erty Height	s Avenue			
24A. BURIAL CREMATION, 1248. DATE 124C. NAME of CEMETERY of			City, town, or county) (Stote)			
REMOVAL (Specily)						
Burial 11/16/65 Mount Carme:		Baltimore				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIR		ADDRESS			
NOV 16 1965 R. Conto E. Sarbura	ILDNAL S	SANDER & SON	D INU.			

Baltimore Maryland ADDRESS 25C. FUNERAL DIRECTOR HENRY SANDER & SONS INC. BALLIMORE MARYLAND

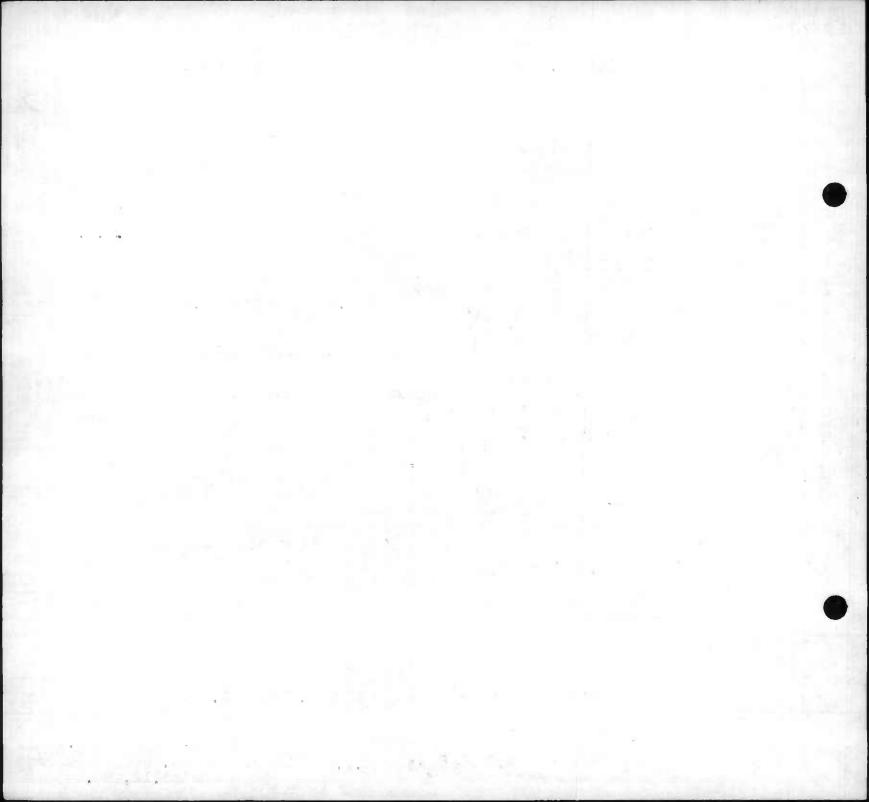


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FUNERAL DIRECTOR: IMPORTANT	y the chief medical examiner or his assistant if death occurred in a hospital and it it alby a medical examiner. Also, if the direct or contributing cause of death e; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased where the physician who pronounced death was in regular attendance on the No physician was in regular attendance on the deceased prior to death. Such before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0= 23005	BALTIMORE CITY	HEALTH DEPARTMENT	V	25 44000		
BIRTH NO. 65 11697	CERTIFICA	TE OF DEATH	Registered No.	10 1100/		
M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH			
THOMAS H. HENDERSON		11	12_65	2:30 P.M.		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A, STATE B. COUNTY				
FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION	ion, give street	MARYLAND C. CITY OR TOWN (If ou	tside city limits, write RUR/	AL and give township)		
BALTIMORE CITY HOS		WASHINGTON D.C. D. STREET ADDRESS (If rurel, give location)				
4940 EASTERN AVEN		24 "R" STREE				
	21224 RED. NEVER MARRIED	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs.		
MALE NEGRO M	WED, DIVORCED (specify) ARRIED	2-9-91	74	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work) 10B, KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fore	ign country)	2. CITIZEN OF WHAT COUNTRY?		
RET. GOVERMENT EMP.		MISSISSIPPI		U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
THOMAS H. HENDERS	20/	NANGY	7			
115. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
YES (If yes, give wor or dotes of servi	SECURITY NO.	DEGODDO DOU	AOAO BACMEDN	CARTEMETERS MICH OOA		
18. 3 - A	CAUSE O		- 4940 LASIERN	AVENUE - 21224		
2001	CAUSE O	o LA III		ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Gr	am Negative	Senti cemia	1½ days		
(This does not mean the made of dying,	e.g., DUE TO	Toga di to Dop di comilia 12 days				
heort foilure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,					
ANTECEDENT CAUSES	(B)					
	DUE TO			At any course		
DISEASES OR CONDITIONS, if any, ginise to the above cause (A) stating UNDERLYING CONDITION tost.	the (C)	mphosarcoma	3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	4 years		
1						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE					
	OR WHICH OPERATION	yes 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID		ty, give exact location)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of etc.)	fice bidg., INJURY OCCUR?				
O 21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID IN.	IURY OCCUR?			
OF INJURY (APPROX.)	While At Not While At Work					
22 1 1/2 / 1 1/2 / 1 1/2 / 1		-10-65	19 10 11-1	-65		
22. I certify thou(1) (this hospital) attend	ed the deceosed from					
that (II(we) lost sow the deceased alive	on 11-11-00	2:30	nat ##(#yy) (our) opinio	n death occurred on the date		
ond hour and from the couses stated above	e (1) (We) (Jid) (did not) v	iew the body offer death.				
23A. SIGNATURE	0		23	B, DATE SIGNED		
I we had	M.D. Atte	ending Med. Director	Stoff Phy s.	11-11-65		
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS				
	M M.D.	4940 EASTERN A	VENUE #21224			
REMOVAL (Specify)		EMATORY 24D. I	OCATION (City, 1	own, or county) (State)		
REMOVAL-BURIAL 11-17-65 1	RLINGTON N.	ATIONAL AR.	LINGTON, Va			
NOV 16 1965 P. C. B.	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	1735-37 HAR FOR		
MILL IN INC. 1 /12 // PA	- Straward	MARCHA!	W. JONES 1.	1 133 -37 1111 (COK)		

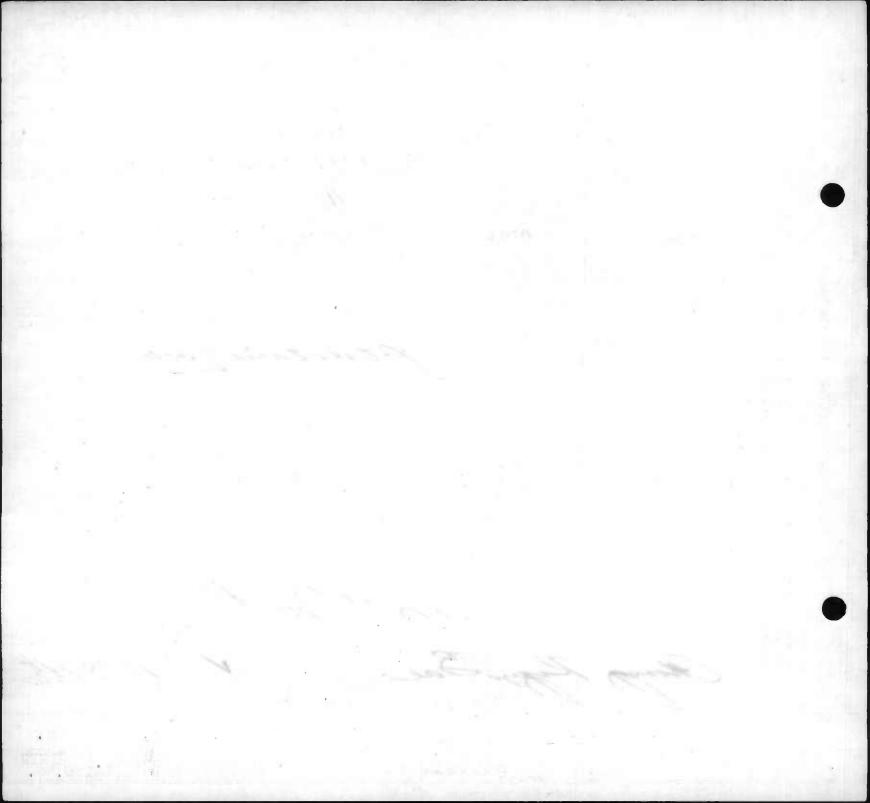


	05 44000	BALTIMORE CITY	HEALTH DEPARTMENT		65 11698
BIRTH NO.	65 11698	CERTIFICA	TE OF DEATH	Registered No.	00 11000
M.E. CASE NO.	EASED			AND HOUR OF DEATH	7
(Type or Print)	Nellie R.	Burne		ember 12, 1	965 7:00 A.
3. PLACE OF DE	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: lesidence before odmission
			A. STATE B. CO	YTAN	10 -1
FULL NAME O	OF (If not in hospital oddiess or location	ai institution, give street	Maryland		de la company
INSTITUTION				- 0	RURAL and give township)
D 225 T	041		Baltimore,	(If ruiol, give location)	
0 325 1	Birkwood Pla	ace			
- SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		TWILL IN WAR IN HEAD OF THE
. SEA	o. RACE	WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F	W	Widowed	1/31/1897	68	
	UPATION (Give kind of work working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	preign country)	12. CITIZEN OF WHAT COUNTRY?
Housewi		Own Home	Ireland		U.S.A.
3. FATHER'S NA			14. MOTHER'S MAIDEN N	AME	
Michael	L Rowland				
5. Was Decensed	Ever in U. S. Armed For	ces? 16. SOMAL	17. INFORMANT		ADDRESS
Yes, na oi unknawi	(If yes, give war ar date	s of service) SECURITY NO.			
No			Mrs.James C	olimore,165	3 Waverly Way
18. 42	0.1 -15 90	4 A CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECTLY STEET		1	1 1 -
	LEADING TO DEATH	(A) Car	onamor	clusion	1/2 (2).
heart failure,	nat mean the made of asthenia, etc. It means	the discose \ \ \	+		
injury or con	nplication which caused	deo Q Z S E Quite	. , // 4.	0 110	11 .)
	ANTECEDENT CAUSES	DUE TO	noviletia	el-Jairea	e Tyw.
	OR CONDITIONS, if				
	e abave cause (A) G CONDITION last.	stotie the (C)	hampahpanistr > > = 0 0 > p > = 0 0 0 0 0 0 0 0 0 = > = = 0 0 0 0 0		
ONDERENIN	o combinion last.	- 4			
Z OTHER SICH	IFICANT CONDITIONS C	ONTRIBUTING !! Die	hetes) Me	elited	
E TO THE D	EATH BUT NOT RELA	TED TO THE	sture le	telip-	Ima.
19A. DATE OF		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YEL WERE	FINDINGS CONSIDERED
10.15	WAS PERF		2	No. 208. IF YEL, WERE IN CERTIFIING CA	USES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING	,	a about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBI	TING CAUSE OF medical examiner)	21 B. PLACE OF INJURY (e.g., hame, faim, foctory, street, of	fice bldg. INJURY OCCUR?	13 0	0.70==
U		140000	272	1 June	- A Table
OF INJURY	(Month) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID I		
(APPROX)	10.11.65	While At Nat While At Work	tale	_	
22. I certify	that (1) (this hospital) ottended the deceased from		1940 10 WC	0-212 19 65
		d olive on Mar. 11		-	
) 13		nian deoth occurred on the do
		ed above. (I) (We) (did) (did not) v	iew the body ofter deot	h.	
23A. SIGNATU	JRE			6. 4	23 B. DATE SIGNED
IN-M	. 14. tre	M.D. After	Med. Director	Staff Phys.	11.12.65
23C. PHYSICTA	leavi	1 /	23D. ADDRESS		
MANUE (William	m Grenzer M.D.	1520 E. 33	rd St.	
AA. BURIAL CRE	MATION, 248. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D	LOCATION (Ci	ty, tawn, or county) (State)
REMOVAL	Specify)				
Burial	11/15/	1965 New Cathedra		altimore,	Md.
ZSA. DATE REC'D	NY 1 6 1965 A	25B. NAME OF REGISTRAR	H.W. Jenkins	& Sons Co	. 4905 York Roa
140	A TO 1262 (1	but E. tarley MA	100000000000000000000000000000000000000		o.12. Md.
/S 150-REV. 1/1/	65 N 8 00	0	I D w U		A.S.C.



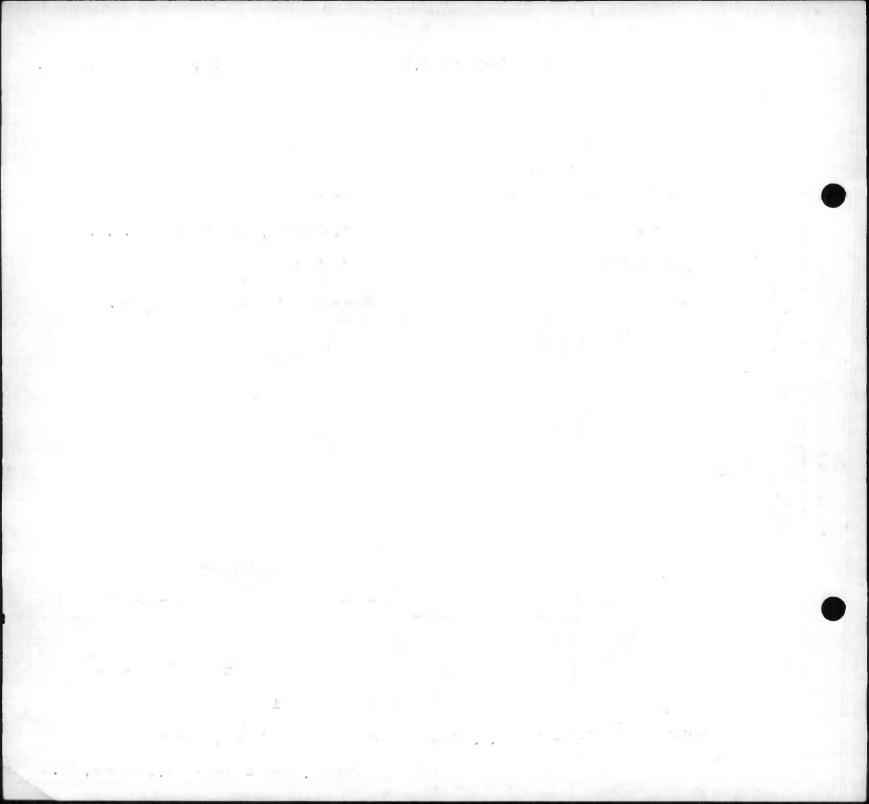
death direct IMPORTANT the chief medical examiner FUNERAL DIRECTOR: medical 0

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH t or contributing cause of death Undetermined cause; (5) Deceased Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 6 hospital eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) ance A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street D HOSPITAL OR address or location) C. CITY (If outside city limits, write RURAL and give township attend INSTITUTION 10 prior D. STREET ADDRESS (If rurol, give lacotion) occurred EDAR regular made 9. AGE (In years Hours Min. 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months: Doys deceased Hours WIDOWED, DIVORCED (specify) last birthday) 10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) = NONE NONE Was the 13. FATHER'S NAME 14. MOTHER'S MATDEN NAME 9 eath U O kind; 15, Was Deceased Ever in U. S. Armed Forces 17. INFORMAN DDRESS SOCIAL (Yes, no ar unknown) (If yes, give war or dates of service) final SECURITY NO. attendance Mr. Bruce Numbers Same any pronounced or CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the diseose, regular injury ar complication which caused death,) ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if ony, 3 to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Ridneys TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. P 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the WAS PERFORMED 80 be obtained before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) ere 3 to the hospital MEDICAL ŝ DEATH (notify medical examined etc.) nature; ¥ ≯ (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) At Work and Work any 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an. and that in (my) (aur) apinion death occurred on the dote of death) hospital was released must and hour and fram the couses stated above. (1) (We) (dld) (dld nat) view the bady after death. accident 23A. SIGNATURE 23 B. DATE SIGNED must Attending Phys. M.D. Med. Staff Phys. 10 Director ___ approval 0 ZZC. PHYSICIAN 23D. ADDRESS prior at An Chung Kyu Bae M.D. Bon Secour Hospital O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION eceased (Stote) the body REMOVAL (Specify) Govans Presbyterian Church Baltimore, Md. shows: Cemetery SD Henry W. J enkins & S Sons VS 150-REV, 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

P	3120	· A A PHOOD		BALTIMORE CIT			×	65 11700
	ASE NO.	11/00		CERTIFICA	TE OF D		Régistered No	
Type or	D.241	atha Davi	s (Ar	leitha B.)			nber 15, 1	
. PLAC		BALTIMORE, MA		ICIONA D. /		IDENCE (Whe	re deceased lived. If	institution: residence before admission
F1111		Mr. and the benefited	- t- sia.st		A. STATE	8. COUN	117	12 a lite
HOSE	NAME OF PITAL OR TUTION	()f not in hospital address or lacation	or institution, g	live street	c. city or to	OWN (If ou	tside city)imits, write	e RURAL and give township)
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Prov	ident Hos	spital		Balti	more		53-00
7		Division			D. STREET AD	DRESS (If	rurol, give location)	
		imore, Ma			-	elvin A		7 6
Fer	male N	egro		NEVER MARRIED , DIVORCED (specify) Ved	10-5-		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		ON (Give kind of world life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	usewife	me, even it remedy			Eterl	ington.	Louisiana	U.S.A.
3. FAT	HERS NAME				14. MOTHER'S			
Geo	orge Brad	ley			Winci	e ?		
5. Wos	Deceased Ever i	n U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMAN	T		ADDRESS
-	or unknown) (If ye	s, give wor or dote	es of service)	None	Bertrud	e Baile	y - 6000 Bo	ooker Rd.
18.	490	X 1		CAUSE	OF DEATH			ONSET AND DEATH
rise	IDERLYING COL	ONDITIONS, if ove cause (A) NDITION last. II IT CONDITIONS (BUT NOT REL	slating the	3				
A DI		THON CAUSING	IT.	VHICH OPERATION	20 A. AUTOI	SY? (Yes or N	20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR DE	A. ACCIDENT WA	AS UNDERLYING CAUSE OF	21 B. hom etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21 C. V	WHERE DID RY OCCUR?	(If in Boltim	ore City, give exact location)
NOF	PROX.)	th) (Doy) (Year)	1	INJURY OCCURRED	le 🖂	IOW DID IN	URY OCCUR?	
22.	1 certify that	(1) (this hospilo	l) ottended th	ne deceased from 1	0-30-65		19 to 1	1-15-65 19
				11-15-65) (We) (did) (did nat)			not in (my) (our) a	pinion death accurred on the da
	SIGNATURE		4 000 701 (1	, (, (, (, (, (,	The budy	deoilla		23B, DATE SIGNED
				M.D. At	ending	Med. Director	Stoff Phy s. X	11-15-65
23C	PHYSICIAN'S NAME (Type)	Di anni	coeke c	M.D.	23D. ADDRESS			
DAA BI	Andre		24C N.	ME of CEMETERY of CI			ion Street	(City, town, or county) (State)
RE	MOVAL (Specify			S. Clark Memo			onroe, Loui	
25A. D	NOV 16	1965	1258 NAME C	Falley MAR	25C. FUNE	RAL DIRECTO	R	St., Monroe, La.
'S 150-	REV. 1/1/65	40		*	- Dali	a. nano	DE OUE CE	,



23C. NAME of CEMETERY or CREMATORY

Mt. Auburn

24B, NAME OF REGISTRAR

NOV 16 1965 Robert E. Farkeyma

23B. DATE

11-18-65

Charles R. Law 802 Madison Ave.

Baltimore, Maryland

(City, town, or county)

(Stote)

23 D. LOCATION

24C. FUNERAL DIRECTOR

23A, BURIAL CREMATION,

24A, DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

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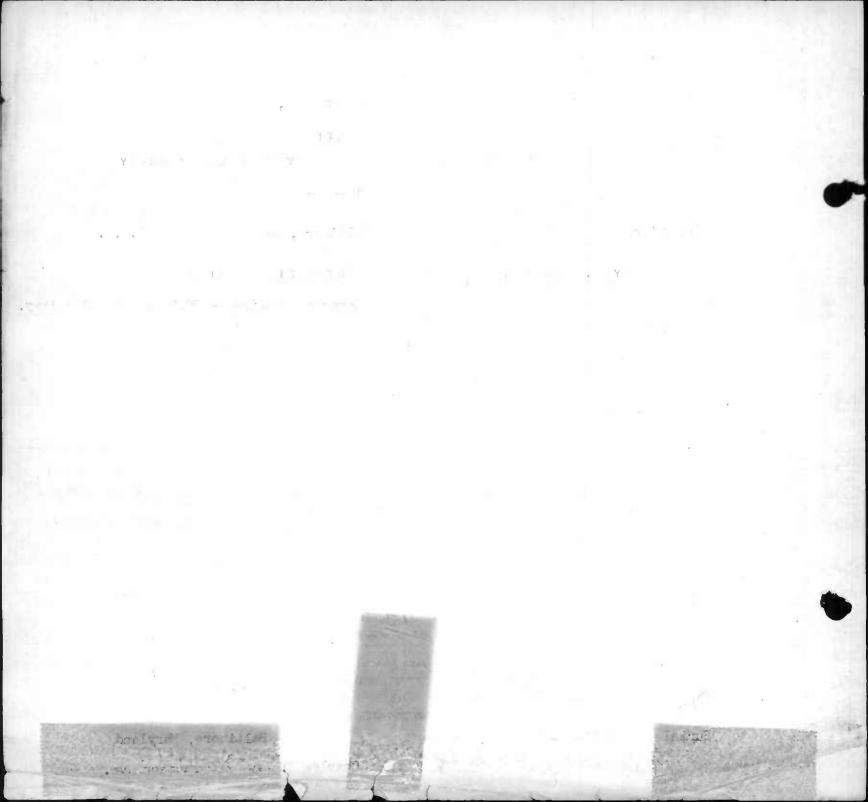
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hospital

1	15360-	4.44400	BALTIMORE CITY	HEALTH DEPARTMEN	NT	
BIRT	153665	11702	CERTIFICA	TE OF DEAT	H Registered No	- 65 11702
	AME OF DECEASED			2. DA	TE AND HOUR OF DEATH	1 0
	e or Print) Lois	Hendrici	K5	11-	14-65 53	efy+
3. P	LACE OF DEATH IN BA	LTIMORE, MARYLA	ND	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
ŀ	HOSPITAL OR odd	not in hospitol or ins tress or location)		C. CITY OR TOWN		RURAL ond give township)
T	he Johns 1	topkins 1	Hospital	BALTIMOR D. STREET ADDRESS	(V rurol, give location)	
,				2927 GWY	NNS FALLS P	ARKWAY
5. S	EX C 6. RACE	V 7. %	ARRIED, NEVER MARRIED (IDOWED, DIVORCED specify)	8. DATE OF BIRTH 10-25-23	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
gone	Housewife	even il reined)		Baltimore,	Maryland	U. S. A.
13.	FATHER'S NAME			14. MOTHER'S MAIDER		
	HARVEY	R. Johns	ON	THEODOS	IA JENKINS	
15. Y	Wos Deceased Ever in U i,no or unknown)(If yes, g	. S. Armed Forces?	16, SOCIAL	17. INFORMANT	IN OLIKANS	ADDRESS
	lo		220000111110	Waverly He	ndricks - 292	7 Gwynns Falls Pkwy.
	1B. 710.0	I	CAUSE			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CO	NDITION DIRECT	.Y	10 1/00	1.6.	2
	(This does not meen	the made of dvin	(A) //C	ute vase	u[1]5	3 days
	heart failure, asthenia, injury ar camplication	efc. If means the	Transfer of the second	1 /		
		ENT CAUSES	(B)	cleroder	in 9	o you
	DISEASES OR CONT		DUE TO			
	rise to the above UNDERLYING CONDI	couse (A) stoti				
ATION	OTHER SIGNIFICANT OF THE DEATH BE DISEASE OR CONDITION	JT NOT RELATED	RIBUTING TO THE			
CERTIFICATIO	19A. DATE OF OPERATIO	N 198. CONDITIO	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CE	21A. ACCIDENT WAS LOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	AUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)			ore City, give exact lacotion)
EDI	21 D. TIME (Month) OF INJURY	(Doy) (Year) (Ho	21E INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
2	(APPROX.)		While At Not While At Work	e 🗌		1
	22. I certify that (I) (this hospital) att	ended the degeosed from	Sept 22	1965 to 1	or 14 1965.
	that (W (we) lost sow	the deceased of	ive on NOV 14	1965 .	nd that in (my) (our) or	pinion death occurred on the date
	and hour and from the	couses stored o	bave. (We) (did) (did not) v			
	23A. SIGNATURE	01.6		ending Med.	Stoff Phys.	23B. DATE SIGNED
	23C. PHYSICIAN'S	1 July		s. Director	Phys.	Post St
	NAME (Type)	1/100	M.D.	R 616	Las!	1/2 / -122/
24A	BURIAL CREMATION.	1/Jerm	24C. NAME of CEMETERY OF CRE	MATORY 12	4D. LOCATION	City, town, or county) (Stote)
1	REMOVAL (Specify) Burial	11-17-65	Mt. Auburn	1	Baltimore, 1	

16 1965 Reput 2 Frank VS 150-REV, +/1/65

25C. FUNERAL DIRECTOR Charles R. Law 802 Madison Ave.



	15-21944	BALTIMORE CITY	HEALTH DEPARTMENT		65 11703 V
-	TH NO. 65 11/6	CERTIFICA	TE OF DEATH	Registered No	63 LL705 0
(Ty	De or Print) Andrew Carl	Billie, 11	/ //	HOUR OF DEATH	2:30 Am.
	FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location)	ive street	4. USUAL RESIDENCE (Where A. STATE BCOUNT COUNT COUNT COUNT COUNT CITY OR TOWN (If outs	ide city limits, write RU	27-34
7	The Vaion Memorial	Hospital	b. street Address (II in 53/2 Rein)	utol, give lacotion)	enlle
5. S	Tale Caucasian NEVER	MARRIE D	8/31/65		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	. USUAL OCCUPATION (Give kind of work 10 B, KIND OF e during most of working life, even if retired)	BUSINESS OR INDUSTRY	Mary and	de la constant de la	12. CITIZEN OF WHAT COUNTRY? U. S. A
A	Indrew Carl Billie	Tr	14. MOTHER'S MAIDEN NAM	Briscoe	
(Ye	Was Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of service)		Mr. + Mrs. A. C. D	Sillie, Tr.	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF		21-4-	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	acute ne	crugma	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	(B)			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
RTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	IDINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF home DEATH (notify medical examiner) etc.)	PLACE OF INJURY (e.g., in t, form, foctory, street, off	or obout 21C. WHERE DID injury OCCUR?	(If in Boltimore (City, give exact location)
MEDI	OF INJURY	e At At Work	21 F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (this haspital) attended the that (we) last sow the deceased alive on	11/15	19 65 ond the	t in (our) opini	on death occurred on the date
	23A. SIGNATURE 23A. PHYSICIAN'S NAME (Type) ANCEL C. TIPTON,	JR. M.D. Atter	Onlou Med. Director Wed. Director White Memoria	Phys. DEMORIAL	HOSPITAL
25/	BURIAL (Specify) BURIAL (Specify) 1/15/66 BEL A. DATE REC'D BY HEALTH DEPT. 258. NAME OF NOV 16 1965 R.D. 67 2.		MATORY 24D. LC 4L SARDEH 25C. FUNERAL DIRECTOR	25000	MO ADDRESS O RF/AIR DA
VS	150-REV. 1/1/65		1 Sylver	NION /11	DEH (II) NO

To them Memoral Hespital 5312 Removed for met Make conceived 8/31/6 Maryland Andrew Carl Billie, Ir Assy Er MARTINE BURGER - THE

11 1460	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 65 4171	4 CERTIFICA	ATE OF DEATH	Registered No.	-65 11707
M.E. CASE NO.	de de la constant de			
(Type or Print) AMY M	ILLER	11-14	HOUR OF DEATH	1 4 3:30 PM
3. PLACE OF DEATH IN BALTIMORE, MAI			deceased lived. If	institution: residence before odmission)
FULL NAME OF (If not in hospital of	or institution, give street	MARYLAND		2-02
HOSPITAL OR address or location		C. CITY OR TOWN (If outsi	de city limits, write	RURAL and give township)
3		BALTIMORE		
THE JOHNS HOPKI	NS HOSPITAL		rol, give location)	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	WIDOWED, DIVORCED (specify)	10	st birthdoy	Months Doys Hours Min.
TEMALE WHITE	WIDOWED 10B. KIND OF BUSINESS OR INDUSTR	2-20-80 Y 11, BIRTHPLACE (State or foreign	85 n country)	12. CITIZEN OF
done during most of working lile, even if retired)	4.4 77	11 11 132		WHAT COUNTRY?
Housewife 13. FATHER'S NAME	At Home	Wytheville m Vin		USA
JOHN STEFFEY		LUCY GROSEC		
15. Was Deceased Ever in U. S. Armed Force	es? 16. SOCIAL	17. INFORMANT	LUSE	ADDRESS
(Yes, no or unknown) (If yes, give war or date:	of service) SECURITY NO.			
No -	213-54-1795		25 S. Br	oadway Balto. Md
18. H20.11		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY	10 :00-011	0.	
(This does not mean the mode of	dying, e.g., DUE TO	vaev. Osecevo	كرو	1
hearl foilure, osthenio, etc. it means		MINISTER SE	when	Justense you
injury or complication which coused				0
ANTECEDENT CAUSES	(B) DUE TO		9	
DISEASES OR CONDITIONS, if		ma Inutrit	1 m	months
rise to the obove couse (A) UNDERLYING CONDITION lost.	sloling the (C)		<i></i>	
11				
O OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING	((
F TO THE DEATH BUT NOT RELA	TED TO THE Pleural	. effersion,		
19A. DATE OF OPERATION 19B. CON		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
E 2	1	yes		NO
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Bottime	ore City, give exact location)
DEATH (notify medical examiner)	etc.)		- 0	
OF INJURY (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Not What Work At Wor			
22. I certify that (I) (this hospital) attended the deceased from	11/12 19	65,0	11/14 19605.
that(1) we) last saw the decease		111		pinion death accurred on the date
and hour and from the couses stat				
23A. SIGNATURE	od obove. (Try me (Gillar (Gilla Horr)	view the body offer dealit.		23B. DATE SIGNED
Burn S		ttending Med. S	hys.	11/14/65
23C.PHYSICIAN'S	www.	23 D. ADDRESS	nys.	1./1./62
23C. PHYSICIAN'S NAME (Type)) mlo M.E	550 N D	Bol:	timoso Ma
Barry J. Zache	24C. NAME of CEMETERY OF C			timore, Md City, town, or county) (State)
REMOVAL (Specify)				
Burial 11/18/6 25A. DATE REC'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	neville,	Virginia ADDRESS
NOV 16 1965 (R	loub & tarber M.A		al Home W	ytheville, Virginia
7:				A A A A PARTIES

VS 150-REV. 1/1/65

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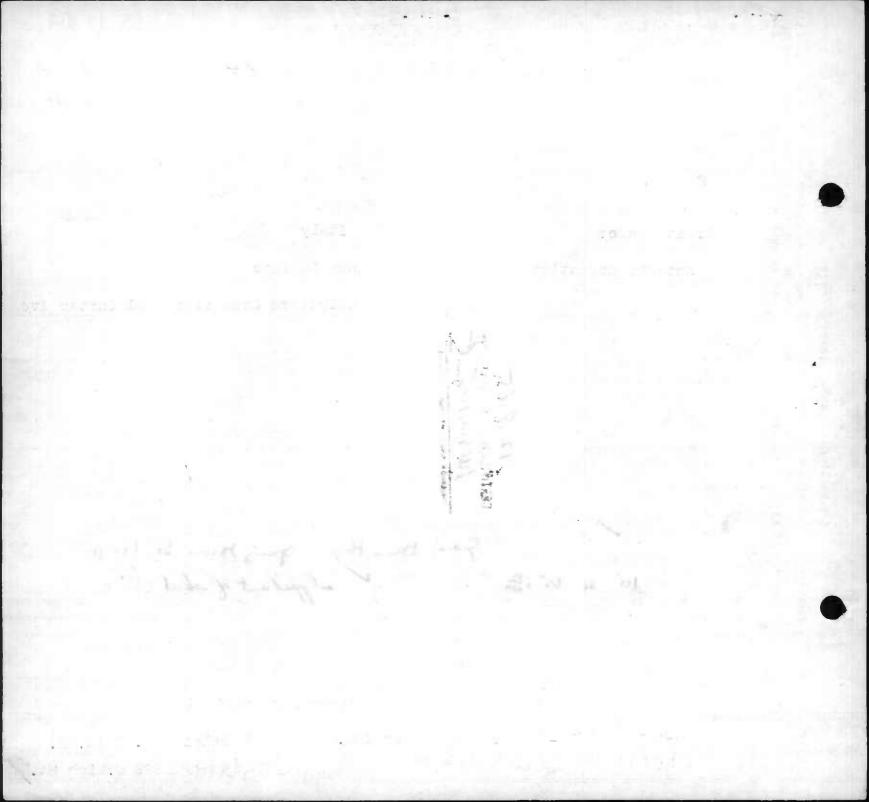
65 11705 _{MEDI}	CALEV	SALTIMORE CITY HEAL	TH DEPARTMENT	F OF D	EATUR	.65 11705
	CALEX	AMINER 3 CI	EKTIFICAT	E OF D	EAIN Register	red Nov
I. NAME OF DECEASED Step	hen J.	Wdzieczhy WEBER(and/o:			HOUR PRONOUNCE er 14, 1965	
3. PLACE IN BALTIMORE, MARYLAND, W			A. STATE			tution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCA	TION)	TION, GIVE STREET		timore	corporate limits, write	RURAL and give township)
838 S. Bon	d Street	t	D. STREET ADDR		d Street	
5. SEX 6. RACE Male White	WIDOWED, D	NEVER MARRIED DIVORCED(specify) married	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Carpenter		ding	Baltimo	re, Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MA		ine Tacy	
Harry Wdzieczhy 15. WAS DECEASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	oosepii	ine Lacy	ADDRESS
(Yes, no or unknown) (If yes, give wor or dote		218-18-899	B Harry	Weber	3203 Lawr	nview Ave.
heart failure, astheria, etc. If means injury or complication which coused injury or complication injury. ANTECENDENT CAUSE (A) ST UNDERLYING CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING DISEASE OR CONDITION CAUSING OF CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING WAS PER WAS PER CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING WAS PER CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING WAS PER CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING WAS PER CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITIONS TO THE DEA	S NY, GIVING 'ATING THE	(B)				
TO THE DEATH BUT NOT REI	ATED TO TI				****	◆#£@###################################
	FORMED		Yes	11	CERTIFYING CAUS	Yes
O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	838	S. Bone	d Street	ve exoct location)
OF INJURY (APPROX.) Nov. 14, 196	- W	VHILE AT NOT WAT W		w dd injur ctive i		of gas space heat
22. 1 certify that I held an I	nquiry 🗌	Inspection Aut	apsy X and	that an this	basis, death in m	ny apinian
ACTUAL SIGNATURE EXAMINER'S EXAMI	200 8	6-slem.D.	The state of the s	DICAL EXA	MINER _	DATE SIGNED 12-9-65
NAME (Type) Russell (23A, BURIAL CREMATION, 23B, DATE		C. NAME of CEMETERY o	CREMATORY	23D. LO	CATION (City,	town, or county) (Stote)
Burial Nov.	17, 19	965 Holy R	osary		manhill 1	Rd. Balto. Co.,

Dippel Bros Inc. 1800 E. Lombard St.

NOV 16 1965 Reub 2. France MAR. VS 151-REV. 1/1/65 // 968, 0

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BIRTH NO.	65 11706		CEDTIFIC	TE OF DEATH	Registered No	. 65 11706
			CERTIFICA	ATE OF DEATH		
M.E. CASE NO.	FASED			DATE:	AND HOUR OF DEAT	TH.
(Type or Print)		1	SENTINO	2. 0416		14513
2 PLACE OF DE	JOSEPH ATH IN BALTIMORE MA		SENTINO		13-65	1/2:30
3. PLACE OF DEA	THE IN BALLIMORE, MA	KILAND		A. STATE B. CO	UNIX	f institution: résidence before odm
FULL NAME O	F (If not in hospital	or institution	mue street	MANIAND	Baltimore	20=
HOSPITAL OR	oddress or locotio	n)	give sheet			te RURAL and give township)
INSTITUTION		va 1				
ONIDE	-sity OF M	MEI YAN	12 HOSPITAI	D. STREET ADDRESS	(If rurol, give location)	
				1 1 1 1		Street
				6/1 South		
S. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months: Doys Hours
MALE	W	1 1	ower	5/23/76	89	
	JPATION (Give kind of wor	k 108. KIND OF	BUSINESS OR INDUSTR			12, CITIZEN OF
done during most of	working life, even if retired)			74.7		WHAT COUNTRY?
Fruit V	ender			Italy		ITTALV
13. FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN N	IAME	
A	to Conontt-	00		Anna Lo Fa	ro.	
	io Cosentin		11.4 505111		10	45-25-2
(Yes, no or unknown	Ever in U. S. Armed For	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
no			220-12-892	Salvatore	Cosentino	6001 Carter
18. 30 (2)	701 - 0	00 0		OF DEATH		INTERVAL BETWEE
771	1 Van tona 7	000	. =			ONSET AND DEAT
DISEA	E OR CONDITION DI	RECTLY	前			
471	LEADING TO DEATH		(A) 15r	onchiel Pr	eu mon 1A	00 0 4 00 00 00 00 00 00 00 00 00 00 00
heart failure.	asthenio, etc. It means	dying, e.g.,				
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Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE, AND HOUR OF DEATH (Type of Print) USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH HEART FAILURE 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) NOVEMBER 11 1065 NOVEMBER 11 1965 and that in (mx) (our) opinion death occurred on the date 25C. FUNERAL DIRECTO ADDRESS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

M.H.

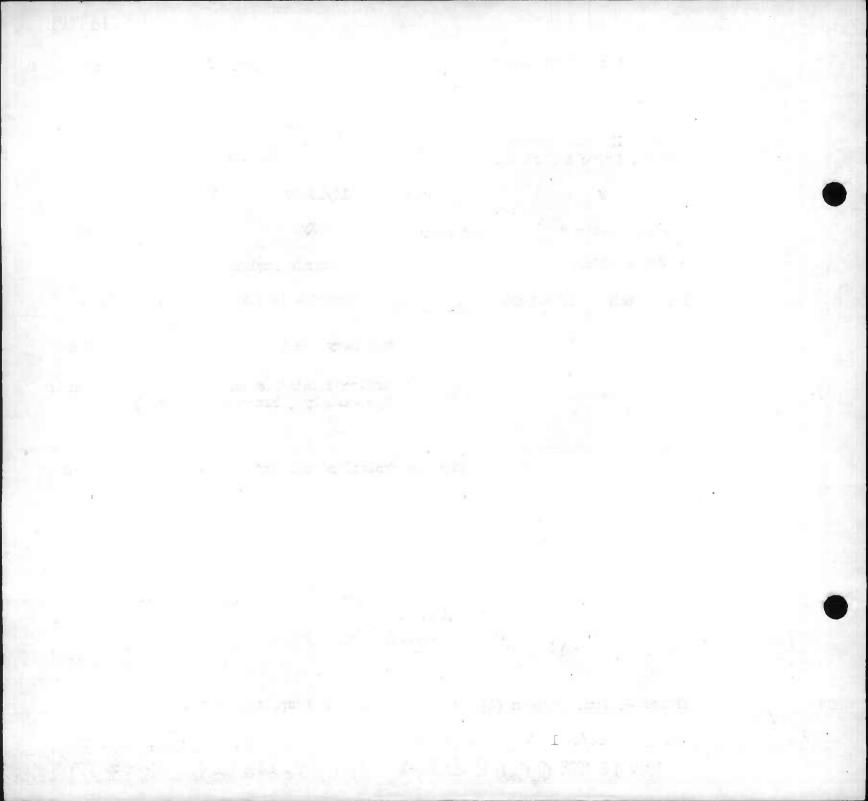
BIRT	тн но. 65 1170	8	CERTIFICA	TE OF DEATH	Registered No.	65 11708
	E CASE NO.		CERTIFICA	/	HOUR OF DEATH	
	pe or Print) Paul Brig	ht Elder			ov. 14, 196	5 8:30
3. P	PLACE OF DEATH IN BALTIMORE,			4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before odmi
				A. STATE B. COUNT	Υ	11-112
F	HOSPITAL OR oddress or loc	ital or institution ation)	, give street		de city limite veite	RURAL and give township)
7	INSTITUTION			Palmyra	de city mains, water	NORAL ONG GIVE TOWNSHIP
/	US Public Health S	Service H	Hospital	D. STREET ADDRESS (If ru	rol, give lacation)	
	Wyman Pk. Drive &	31st St.		Rt 2 Box	40	
5. S	SEX 6. RACE	7. MARRIE	D, NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 2-
	M W		Married	10/15/97	68	
	A. USUAL OCCUPATION (Give kind of ne during most of working lile, even if retin		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
ионе	Pilot Retired		Seafarer	Ky.		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E	
	James Elder			Fannie Hugh	nes	
	Was Deceased Ever in U. S. Armed		16. SOCIAL	17. INFORMANT		ADDRESS
Yes	Yes USN 19	dotes of services		Records- US P	HS Hospital	, Balto, Md.
	18. 44 24 11		021-12-3467	OF DEATH	-	INTERVAL BETWEEN
	707.11	DIRECTLY				ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)			llmonary edema		Hours
	ANTECEDENT CAU		DUE TO 1	ardiac dilatation ypertrophy (hear		gms) Months
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MEDICAL CERTIFIC	DISEASES OR CONDITIONS, rise to the obove couse UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT IDEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 198. (WAS 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Y. OF INJURY (APPROX.) 22. I certify that (II (this hosp that (I) (we) last saw the deceand haur and from the causes 23A. SIGNATURE	il any, givin (A) stoling the stoling the stoling the stoling the stoling the stolength of	NG Chronic Clark WHICH OPERATION I.B. PLACE OF INJURY (e.g., orm., foclory, street, lc.) I.E. INJURY OCCURRED While At Not Wh At Work The deceosed from Nov. 14 ((1) (We) (did) (fif her)	Dolelithiasis and 20A. AUTOPSY? (Yes or No) yes in or obout 21C. WHERE DID office bidg., 1NJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 65 ond the view the bady offer death. tending	cholecysti 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore RY OCCUR? 1 in (my) (our) opi	gms) tis Years FINDINGS CONSIDERED USES OF DEATH? City, give exact location) NOV. 14 19 6 nion death accurred on the
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MEDICAL CERTIFIC	DISEASES OR CONDITIONS, rise to the obove couse UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT IDEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 198. (WAS 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Y. OF INJURY (APPROX.) 22. I certify that (II (this hosp that (I) (we) last saw the deceand haur and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Thomas J. Lau, S.	il any, givin (A) stoling the	NG Chronic character of the Chronic character	Dolelithiasis and 20A. AUTOPSY? (Yes or No) yes in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 65 ond that of the original office bldg. 19 65 ond that office bldg office death. 19 65 ond that office bldg office bl	cholecysti 208. IF YES, WERE IN CERTIFYING CA (If in Bollimore RY OCCUR? 1 in (my) (our) opi thoff. A L, Balto, M CATION (C.	gms) tis Years FINDINGS CONSIDERED USES OF DEATH? e City, give exact locotion) Nov. 14 19 nion death accurred on the 23B. DATE SIGNED 11/15/65

RGR

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT. 6 1965

Wm. L. Jichne

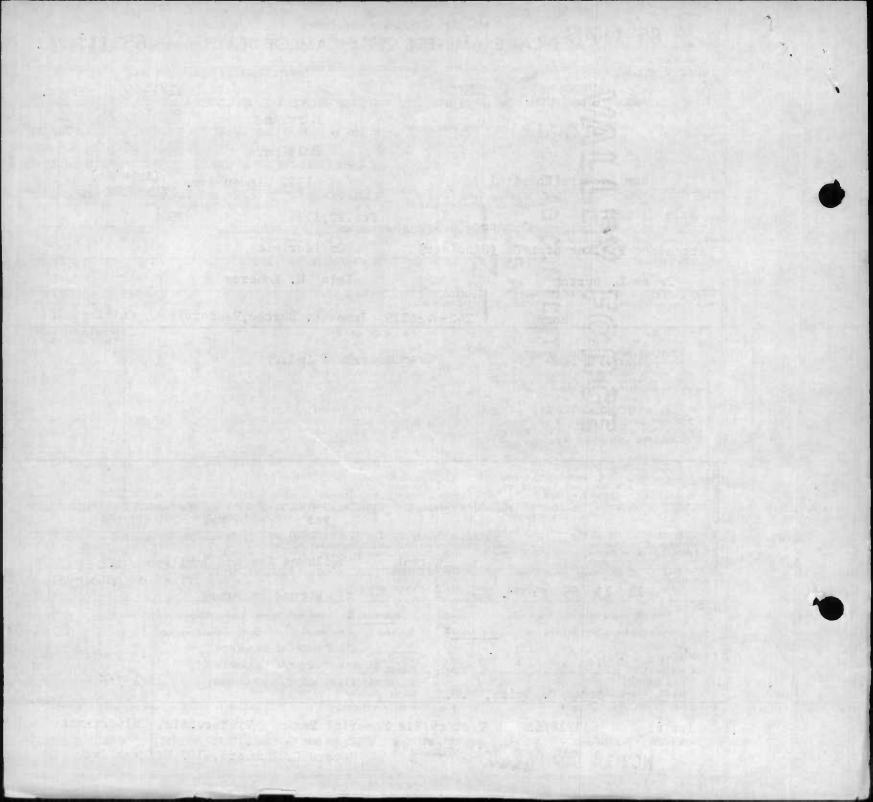


B.635

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 65 117 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered (1)5 11700

M.E	CASE NO.					×			0 616.
1. N	AME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
, , ,		GENE	Δ	BURTON			11/	13/65	2:40a.m.
3. P	LACE IN BAL	TIMORE, MARYLAND, WI	HERE PRONOU	NCED DEAD	4. USUAL RESIDI	ENCE (Where de	ceosed lived. If insti-	tution: residen	ce before odmission)
FUL	L NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	TION. GIVE STREET	Ma	aryland		13	aus
HO	PITAL OR	ADDRESS OR LOCA	TION)	THORY OF VE STREET	C. CITY OR TOW	/N (If outside (corporate limits, write	RURAL ond	give township)
1					Ba	altimore		530	0
4					D. STREET ADDR	IESS (If rurol, gi	ive location)	(Arbutu	10)
		Bon Secours H	ospital			1322 Lin	den Ave.		
5. S	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	1	9. AGE (In years)	Months Do	r. If Under 24 Hrs.
	male	white			Feb. 22, 19	936	29		
		UPATION (Give kind of work	TOB. PHINDS	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN	
done	Attenda	nt Filling St	ation (Sinclair)	Calif	Forinia		WHAT	COUNTRY?
	ATHER'S NA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14. MOTHER'S MA	AIDEN NAME			
	Tam	es L. Burton			Lela	H. Robe:	rts		
15. \		ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
		(If yes, give wor or dote:		SECURITY NO.			***	0-1	· C
		non	е	242-46-6229	James L.	. Burton	,Victorvill	le, Cal:	liornnia
	1B &	124		CAUSE	OF DEATH				TERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY	Cranic	newebwal +				
	(This door	LEADING TO DEATH	diana an	(A)	cerebral i	rii Jury			
	heort foilure	not meon the mode of c, osthenio, etc. It meons emplication which caused of	the discose,	DUE TO					
		mpiloonoli Willow Coccoc							
		ANTECENDENT CAUSE		(B)					
		OR CONDITIONS, IF A TE ABOVE CAUSE (A) ST		DUE TO					
		NG CONDITION LAST.		10)					
O	1271			(C)					
A	OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTION	16					
윤	TO THE	DEATH BUT NOT REL	ATED TO T						
CERTIFICATION		F OPERATION TIPE CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20	B. IF YES, WERE FIN	IDINGS CON	SIDERED
ü	2	WAS PERF			yes	110	CERTIFYING CAUS		
AL	21 A. EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. W	HERE DID (If	in Boltimore City, giv	ve exoct locoti	ion) 0 05
EDICA	UNDERLYING	MOR CONTRIB- USE OF DEATH.	home,	, form, foctory, street, o					
4				street	Wilk	cens Ave	and Smallw		
	OF INJURY	(Month) (Doy) (Year		IE, INJURY OCCURRED		M DID INJUR	drive	r of mo	torcycle
	(APPROX.)	11 13 65	2:00am.	VORK AT W	WHILE X st	cruck by			
	22.	rtify that I held an Ir	nauiry 🗌	Inspection Aut	opsy X and	that on this	basis, death in m	v opinian	
		Ited fram: Natural cau	ed	ccident X Suicide			determined manne		
	resu	ited fram: Natural Cal	ises	Suicide				r []	
	ACTUA	L INDO	(7/1/		EDICAL EXA			DATE SIGNED
	SIGNAT		N.	M.D.	ASSISTANT MI		MINER	22 /2 0 //	و م
	EXAMI	NER'S	C-24-	1,5	ASSOCIATE M	EDICAL EXA	MINER	11/13/6	05
234	NAME (Type) Werner U.		C. NAME OF CEMETERY O	CREALATORY	23 D. LO	CATION (City	lown, or coun	nty) (Stote)
	NOVAL (Speci	fy)							
	Buria			Victorville M			/ictorville		
24A	. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR	1 / 107 13		RESS
		NOV 16 1965	Of Long	-	Howard	H. Hubb	oard,4107 W	likens	Ave.
Vs	151-REV. 1/1	/65				1 . //			
. 3	NE TO 1/1	F-1/ 8-3	DI OX	All the same of th	1	1 1			S. L. SALL



VS 150-REV. 1/1465

BALTIMORE CI	TY HEALTH DEPARTMENT	OF A AMERICA
RTH NO. 65 11710 CERTIFIC	ATE OF DEATH	egistered No. 65 11710
NAME OF DECEASED WOOD, MARY	2. DATE AND HO	ur of DEATH 4-65 10:30PM
PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deco	eosed lived. If institution; residence before admissio
oddress or locotion) ST. AGNES HOSPITAL	BALTIMORE	ity limits, write RURAL and give township)
BALTIMORE, MARYLAND 21229	710 DEVONSHIRE	ROAD
FEMALE WHITE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	12-13-20 lost bi	44
DA, USUAL OCCUPATION (Give kind of work) One during most of working life, even if retired) PROCUREMENT CLERK & HOUSEWIFE	NY 11. BIRTHPLACE (State or foreign con	12. CITIZEN OF WHAT COUNTRY?
JAMES HENNESSY (DEC)	14. MOTHER'S MAIDEN NAME MARY MCCAUL	IFFE
S. Was Deceased Ever in U. S. Armed Forces? les, no or unknown) (If yes, give wor or dotes of service) NO NONE	ST. AGNES HOSPI	WOOD SAME AS ABOVE TAL BALTO.29,MD
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DUE TO	stracerebral He	
heart failure, asthenia, etc. It means the disease, injury ar complication which caused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.		
heart failure, asthenia, etc. It means the disease, injury ar complication which caused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.	[20A. AUTOPSY? (Yes or No)] 208.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
heart failure, asthenia, etc. It means the disease, injury ar complication which caused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	[20A. AUTOPSY? (Yes or No)] 208.	IF YES, WERE FINDINGS CONSIDERED
heart failure, asthenia, etc. It means the disease, injury ar complication which caused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. OR CONTRIBUTING CAUSE OF lamme, form, foctory, street, form, foctory, form, foc	20A. AUTOPSY? (Yes or No) 20B. IN ., in or obout office bidg., NJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
heart failure, astheria, etc. It means the disease, injury ar complication which caused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not While At Not Well and INDIVING INDIVING INJURY (ADDRESS)	20 A. AUTOPSY? (Yes or No) 20 B. IN IN IN 21 F. HOW DID INJURY C. 11 - 14 - 65 19 14 19 65 and that in 6	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) OCCUR? ta 11-14-65 19 (XXX (aur) apinian death accurred an the d
heart failure, asthenia, etc. It means the disease, injury ar complication which caused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19E. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an 11 = and hour and from the causes stated above. (M) (We) (did) XdX4/Mit 23A. SIGNATURE	20 A. AUTOPSY? (Yes or No) 20 B. IN IN, in or obout office bidg., IN	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) OCCUR? ta 11-14-65 19
heart failure, asthenia, etc. It means the disease, injury ar complication which caused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an 11 = and hour and from the causes stated above. (M) (We) (did) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	20A. AUTOPSY? (Yes or No) 20B. IN, in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY Chile 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) OCCUR? ta 11=14=65 19 (Ay) (aur) apinian death accurred an the death accurred and the death accur

FUNERAL HOME 4107 WILKENS AVE. 21229

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

BALTIMORE CITY HEALTH DEPARTMENT 65 11711 CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) CHANEY, REAZIN S NOVEMBER 13,1965 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY MARYLAND FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location) (If autside city limits, write RURAL and give township) INSTITUTION BALT IMR**O**RE ST. AGNES HOSPITAL (If rural, give location) D. STREET ADDRESS 2470 WASHINGTON BLVD. 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Und Manths Days Hours If Under 24 Hrs. 6. RACE B. DATE OF BIRTH WIDOWED, DIVORCED (specify) last birthday) WHITE MARRIED 2-12-95 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY? dane during most of working life, even if retired) RETIRED MD.GLASS HOUSE MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ? CHANEY UNKNOWN 15. Was Deceased Ever in U. S. Armad Farces 1 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no ar unknown) (If yes, give war ar dates of sarvical SECURITY NO. ST. AGNES HOSPITAL RECORDS: YES WW I 216-10-0010 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED Ū 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (a.g., in ar about 21 C. WHERE DID (If in Baltimara City, give exact location) hama, farm, factory, street, affica bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (natify modical examiner) MEDI (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 19 05 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an 11-13-65 and that In(my) (aur) apinion death accurred an the date and haur and from the couses stated abave. (1) (We) (dld) (did nat) view the bady after death. 23B, DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Stoff M.D. Physol Director approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Typo) WEISS AGNES HOSPTTAL; CATON & WILKENS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, ar caunty) REMOVAL (Specify) 11/17/65 BURIAL BALTIMORE NATIONAL CEMETERY BALTIMORE MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS

HUBBARD FUNERAL HOME 4107 WILKENS AVE. 21229 VS 150-REV. 1/1/65

Trans. DAY OLD TURK I'V

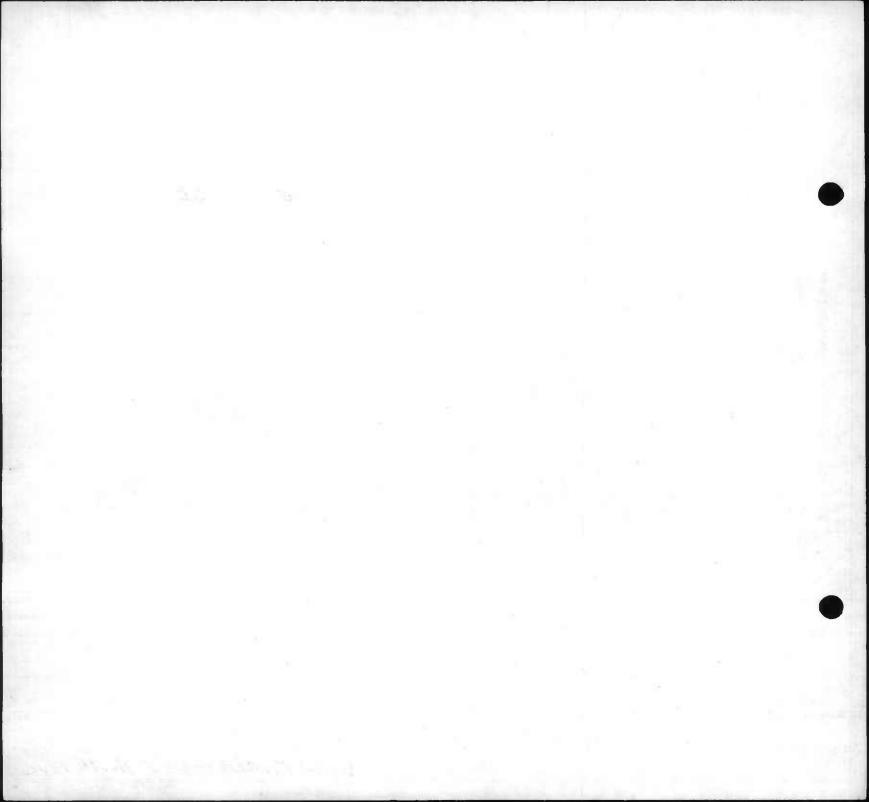
BIRTH NO.	22. 27913		BALTIMORE CITY	HEALTH DEPARTMENT		CF AAM
	65 311712		CERTIFICA	TE OF DEATH	Registered No.	65 11712
1. NAME OF D (Type or Print)	HILL,	SHARO	N LEE	11-	AND HOUR OF DEATH	3:15 P ,
FULL NAME HOSPITAL D INSTITUTION	R address or location	or institution,	give street	c. CITY OR TOWN (IF	OUTSIDE City limits, write	RURAL and give township)
FEMALE	6. RACE WHITE		ER MARRIED	11-30-63	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
	CUPATION (Give kind of work of working life, even if retired)	108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of F		12. CITZEN OF WHAT COUNTRY?
13. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
JAMES	F.			BERNICE	SENNOCK	
15. Wos Deces	ed Ever in U. S. Armed Ford		1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	wn)(II yes, give wor or dote:	s of service)	SECURITY NO. None		HOSPITAL C	CATON & WILKENS
DISEASES rise to UNDERLYI O THER SIG	omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if of the obove couse (A) NG CONDITION last.	ony, giving sloling lhe	(C)	uere laryng Cardiae	arret	
	OF OPERATION CAUSING IT	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCI	DENT WAS UNDERLYING THE	218 hom etc.	ne, form, factory, street, af	or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
T DEATH (no	tify medical examiner)					
	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not While rk At Work	21F. HOW DID	NJURY OCCUR?	
DEATH (no DEATH	(Month) (Doy) (Year) fy that (1) (this hospital e) last saw the decease and from the causes stat) attended t	ile At Not While rk Not Work he deceased from NOV 11	DV 11 1965 and	1965 to NO	DV 11 19 65 Dinian death accurred on the do
DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w and hour c 23A. SIGNA	(Month) (Doy) (Year) fy that (I) (this hospital te) last saw the decease and from the causes state. TURE) attended t	ile At Not While rk At Work he deceased from NOV 11 I) (We) (did) (did not) v M.D. Atte Phys	DV 11 and 1965 and iew the body after deat	1965 to NO	pinian death accurred an the da
DEATH (no 21 D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w and hour of 23A. SIGNA 23C. PHYSIC NAME	(Month) (Doy) (Year) fy that (I) (this hospital re) last saw the decease and from the causes state of the causes	who was a strength of the stre	ile At Not While rk At Work he deceased from NOV 11 I) (We) (did) (did not) v M.D. Atte Phys	1965 and item the body after deat Director Director DIRECTOR WILKENS & C.	1965 to NO that in(my) (aur) ap h. Stoll Phys. ATON AVE., 1	pinian death accurred an the da

OF AARIAO	BALTIMORE CIT	Y HEALTH DEPARTMENT	12/ 51 00			
BIRTH NO. 65 11713 M.E. CASE NO.	CERTIFICA	ATE OF DEATH X Registered No.	65 1171:			
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH				
(Type or Print) CHARLES ELLS U. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	ORTH GARDA	4. USUAL RESIDENCE (Where deceosed lived. If in	630 A.M. Istitution: residence before odmis			
FULL NAME OF (If not in hospital or institution,	mus street	A. STATE B. COUNTY	POLIALTY			
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
V. Hoss. Baldo. M	10.	D. STREET ADDRESS (If rurol, give location)				
		11 CAVEN DRIVE	= 63-00			
WIDOWI	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours M			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
SALESMAN	D-6-GRAPH	MARYLAND	USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
WILLIAM GARDNER		MAMIE BEEK				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
Yes World War I	338-01-256	THERESA GARDNER	(ABOVE)			
18. / 7 7 X I		OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	20					
LEADING TO DEATH (This does not mean the mode at dying, e.g.	(A) Y	ETASTATIC CA PROSTAT	6 ~ 1963			
hearl lailure, asthenia, etc. It means the disease injury or complication which caused death.)			2410			
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, if any, giving	DUE TO					
rise to the above cause (A) stafing the						
UNDERLYING CONDITION last.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	i i e	WONITIS				
19A. DATE OF OPERATION 19B. CONDITION FOR			FINDINGS CONSIDERED USES OF DEATH?			
WAS PERFORMED INTRAC	TABLE PAI	N Yes IN CERTIFYING CA	USES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF ho DEATH (notify medicol exomine)	B. PLACE OF INJURY (e.g., me, form, foctory, street,	in or about 21C. WHERE DID (If in Boltimon ffice bldg., INJURY OCCUR?	e City, give exact location)			
O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	hile At Not Whi					
22. I certify that (t) (this haspital) attended			- 12 19 6			
that (I) (we) lost sow the deceased alive on.			nion death occurred on the			
ond hour and from the couses stoted obove.	(+) (res faid) (dia not)	view the body offer deoth.	23B, DATE SIGNED			
1901 P 7 101	M.D. Att	rending Med. Stoff				
23C.PHYSICIANS	Ph	rending Med. Stoff Phys. 23D. ADDRESS	11-12-65			
NAME (Type)	F/ M.D.	UNIVERSITY HOSPITAL	BALTO. MO			
24A. BURIAL CREMATION, 24B. DATE 24C. N REMOVAL (Specify)	IAME of CEMETERY or CE	REMATORY 24D. LOCATION (C	ity, town, or county) (St			
Burial 11/16/65 P	arkwood Cem	etery Baltimore,	Maryland			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	S Tarben MA	Pobert Car Altenburg Funeral Home, Inc.	ADDRESS			
NOV 16 1965 Releat	C' danial	Funeral Home, Inc.	-6009 Harford			
VS 150-REV. 1/1/65	LA TENTRE					

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ^{<}	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the C	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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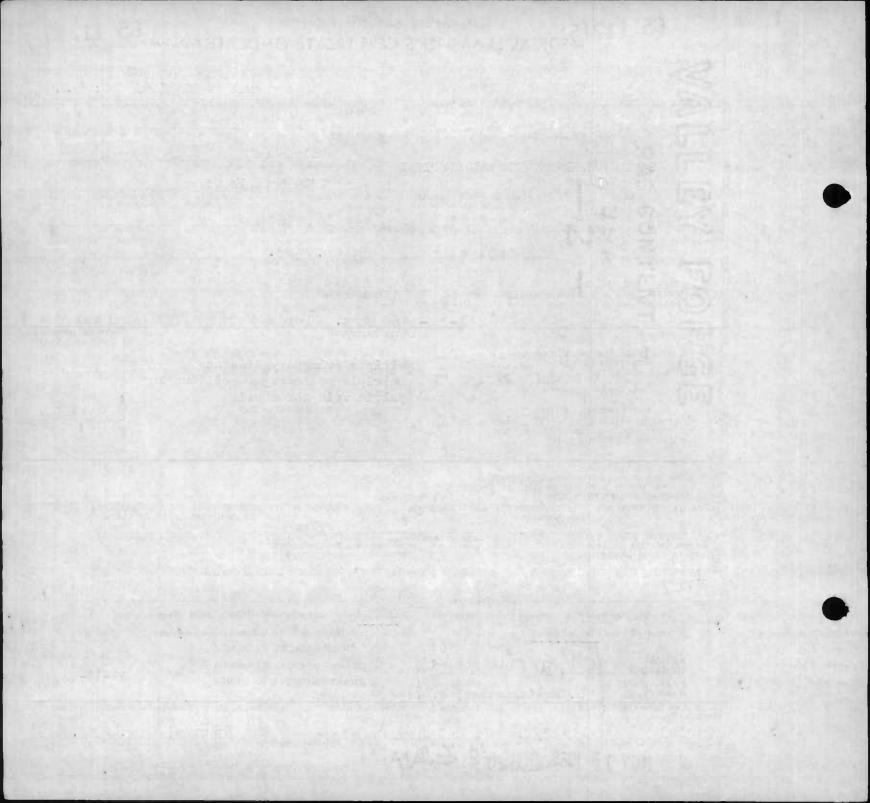
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) CHFTUN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution: residence before admission (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write UNIVERSITY HOSPITAL. PINE STREET 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthday) If Under 1 Yr. If Under Months Doys Hours If Under 24 Hrs. Hours Min. 6. RACE WIDOWED, DIVORCED (specify) MALE NEGRO 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) USA IRGINIA 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME WM, H. HILL UNIXNOWN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. HOSPITHE RECEADS INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY Ag, in or about 21C. WHERE DID home, form foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22, I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on..... ... ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 234. SIONATURE 238, DATE SIGNED Attending M.D. Med. Stoff Phys. Phys. Director ____ 23D. ADDRESS M.D. Colvery Cem. 25C. FUNERAL DIRECTO WM.C. MAREH VS 150-REV. 1/1/65



6	5 11715 MEDI		BALTIMORE CITY HEAL	TH DEPARTMEN	IT		65	11715
BIRTH NO.	MEDI	CAL EX	AMINER'S CE	ERTIFICAT	TE OF DI	EATH Registe	red No	TILIO
M.E. CASE NO.								
1. NAME OF D	ECEASED				2. DATE AND	HOUR PRONOUNCE	ED DEAD	
(Type of Tilli)	CONSTAN	ICE REEV	ES			ember 11,		B:05 A. M.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where de	ceosed lived. If insti	tution: residenc	e before odmission)
FULL NAME OF	F (IF NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET	Maryland				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
				Baltimore 25				
0	SOUTH BALTIMOR	E GENER	AL HOSPITAL	D. STREET ADDRESS (If rurol, give location)				
		T=				1k Street	Two to the total	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	Н	9. AGE (In years lost birthdoy)	Months Doy	fr. If Under 24 Hrs.
Female	Negro	Separ	ated	May 17.	1935	30		
	CUPATION (Give kind of work of working life, even il retired)	TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN C	OF OUNTRY?
	, we will go the first territory	Hosp	ital	Balto.	. Md.			
13. FATHER'S NA	AME		THE SECOND	14. MOTHER'S M	AIDEN NAME			
Elwood	Murriel			Agnes 1	Hill			
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
(Tes, no or onknow	will yes, give wor or dole	3 Of Selvice	213-32-3463	Mna C	lonie M	0700 300	12 Auch	nantrola
118.	1 1		M = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OF DEATH	TOTTA III	0120 000		TERVAL BETWEEN
46	6 X 1						ON	ISET AND DEATH
DISE	ASE OR CONDITION DI	RECILY	Mu1t	iple pulm	onary in	farcts		
(This doe	s not mean the mode of tre, asthenia, etc. It means	dying, e.g.,				mboli due	to	pone pee an a na ca ana
injury or	complication which coused	deoth.)		vic vein				
	ANTECENDENT CAUSE	S	per	VIC VCIII	CITE ONID OD			
	S OR CONDITIONS, IF A		DUE TO		***************************************	***************************************		
	THE ABOVE CAUSE (A) ST YING CONDITION LAST.	AING THE						
NO.			(C)					
E CTUES S	II IGNIFICANT CONDITIONS	CONTRIBUTU	N.C					
P TO THE	DEATH BUT NOT REI	ATED TO T	HE					
19A, DATE	OF OPERATION 1198 CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20	B. IF YES, WERE FIL	NDINGS CON:	SIDERED
2	WAS PER	FORMED			es	CERTIFYING CAUS	SES OF DEATH	1?
	IAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	in or obout 21C. V	WHERE DID (IF		ve exoct locoti	on)
D UTING C	G OR CONTRIB- AUSE OF DEATH.	home etc.)	, form, factory, street, o	ffice bldg., INJURY	OCCUR?			
21D TIME OF INJURY	(Month) (Doy) (Year) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJUR	OCCUR?		
(APPROX.)		m. \	WHILE AT NOT W	ORK	4			
22.	ertify that I held on I	nquiry 🗌	Inspection Aut	opsy X one	d that on this	basis, deoth in n	ny opinion	
res	ulted from: Natural co	uses X	Accident Suicide			determined monne	er	
	Dil	0	- //	CHIEF M	EDICAL EXA	MINER	Г	ATE SIGNED
SIGNATURE AD ASSISTANT MEDICAL EXAMINER X								
	INER'S			ASSOCIATE M	EDICAL EXA	MINER	11.	-11-65
			ker, M.D.		la -			
23A, BURIAL C		23	C. NAME of CEMETERY .	CREMATORY	23 D. LO	CATION (City,	town, or coun	ty) (Stote)
Burial	11/18	24R NAME	OF REGISTRAR	Cemetery	Anr	Arundel	Cty.,	Md .
	NOV 1 6 1965	P.D. F	, E. Farkyma					
Wm C March 928 E North Ave.								

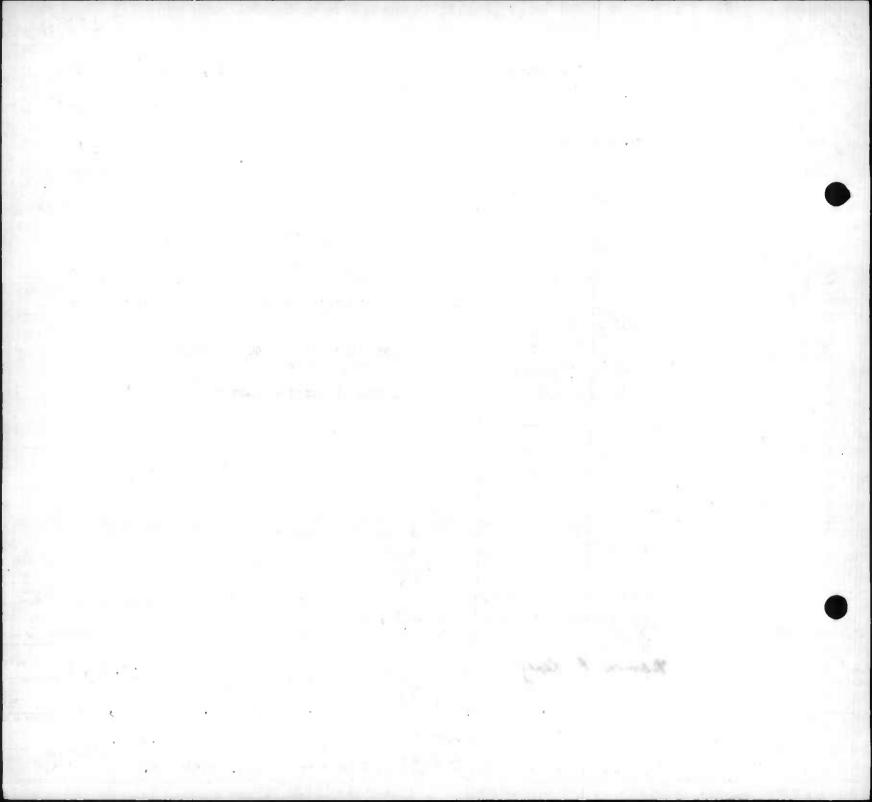
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Wm C March 928 E North Ave.

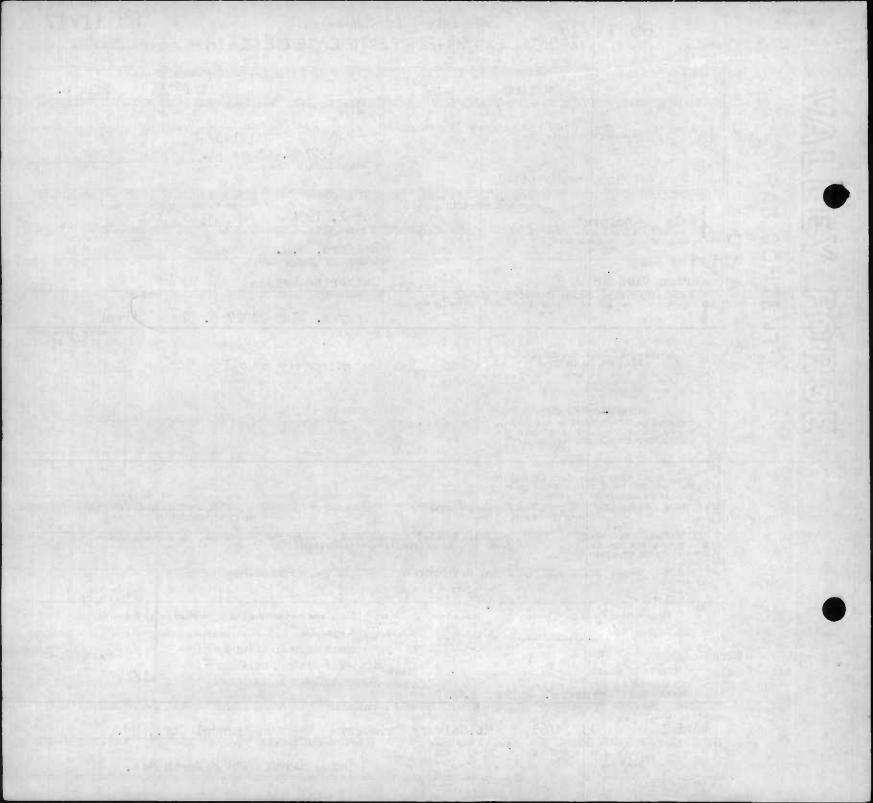


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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital at the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deashows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Su written approval must be obtained before the remains are embalmed or final disposition is made.
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			BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO.	65 11716	}	CERTIFICA	TE OF DEATH	Registered No.	65 11716
M.E. CASE NO.	ECEASED			2. DATE	AND HOUR OF DEATH	
(Type or Print)	WASHINGTON . G	enrae		Nov	vember 14. 196	6:30am
3. PLACE OF D	WASHINGTON, G	RYLAND		4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admissio
					JUNII	12.04
HOSPITAL O			, give streel	Maryland	foutside city limits write	RURAL and give township)
INSTITUTION					t outside city mints, write	KORAL and give loweship)
	St. Josephs	Hospit	tal	Baltimore D. STREET ADDRESS	(If rurol, give location)	
1		•		417 Heave		
- FW	6. RACE	- A 4 4 9 9 1 1 1	D. 1101100 111000			
. SEX	6. KACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthday)	Months Days Hours Min.
male	Negro	wide	owed		73	
		10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most	of working life, even if retired)					WHAT COUNTRY
3. FATHER'S N	AAAF			Maryland 14. MOTHER'S MAIDEN	NAAAE	
S. PATHERS IV	AME			14. MOTHER'S MAIDEN	NAME	
5. Wos Deceas	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	,	ADDRESS
es, no or unkno	whill yes, give wor or dote	S Of Service		Winning Ch.	4-1-7	U Ct t
In d			217-07-4123	_	ickland 415	Heaver Street
1B.	3X 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIE	RECTLY				
/TU: 4	LEADING TO DEATH	4.7		or Pulmonale 2	d to widespre	ad
	nat mean the made of e, asthenia, etc. It means			lung cancer		
	amplication which caused					
	ANTECEDENT CAUSES		(B) TO	erminal Carcin	omatos18	88 damadaka
DISEASES	OR CONDITIONS, if	any, givin				
rise la	the above cause (A)					
UNDERLYI	NG CONDITION last.					
_	-11					
DTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTI	NG			
DISEASE O	R CONDITION CAUSING		int			
	OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDERED
	WAJFER	- 111111111		no	OLKII III O CA	TODES OF BENTH!
OR CONTRI	PENT WAS UNDERLYING] 2	18. PLACE OF INJURY (e.g., i	in or obout 21C. WHERE DI	D (If in Boltimor	re City, give exact location)
▼ DEATH (not)	fily medical examiner		ome, form, toctory, street, o ic.)	mice sing, industr occur	Λ;	
21D. TIME	(Month) (Doy) (Year)	(House) 23	E INJURY OCCURRED	2) 5 40 4 5 5	INJURY OCCUR?	
5 01 1110011	(Aviolini) (Doy) (Teon				INJURT OCCUR!	
(APPRDX)			Vhile AI Not Whi			
22. 1 care:	fy that (1) (this hospital) ottended	the deceased from	Norremban 7	19 65 to No	vember 14 19.65
thot (I) (w	e) lost sow the deceose	a olive on	Movember Li	- 17 Ob one	that in (my) (our) op	inion deoth occurred on the d
ond hour o	and from the couses sto	ed obove.	(I) (We) (did) (did not)	view the body ofter deo	th.	
23A. SIGNA	TURE					238. DATE SIGNED
	Ramon P. X	Oper	M.D. All	ending Med.	Stoff Phys.	Nov 11. 1065
		1	Phy	23D. ADDRESS	_ rnys, La_i	Nov. 14, 1965
23C. PHYSIC NAME	(Type)	U		ADDRESS		
	Ramon F	Lone	M.D.	1400 N. Car	roline St. Ra	ltimorem Maryland
AA. BURIAL C	REMATION, 248. DATE	24C.	NAME of CEMETERY OF CR	EMATORY 241	coline St. Ba	ity, town, or county) (Stote)
Burial	11/18/	65 M	t Calwary Cemer	tem	Ann Amindel C	tr Md
					Ann Arundel C	
	NOV 1 6 1965	00	obregation MA	25C. FUNERAL DIREC		ADDRESS
	NOV 16 1965 (Howel	1 C 1 100 100	wm march	928 E. North	AVE.
/S 150-REV. 1/	1/65				()	
VS 150-REV. 1/	1/65				()	

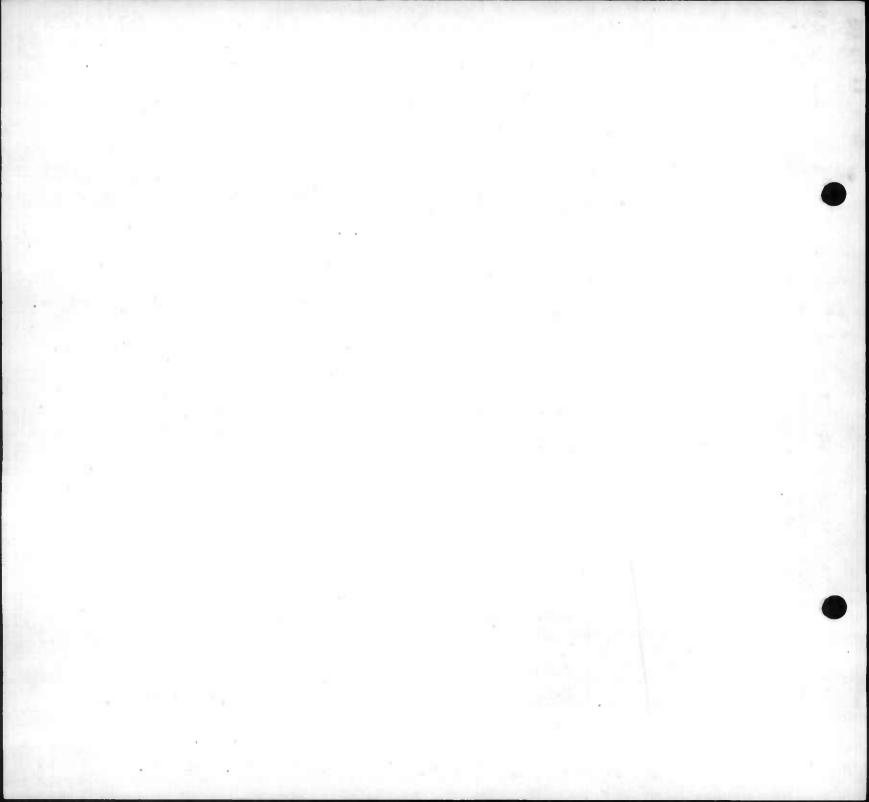


BIRTH NO. MED	DICAL EXAMINER'S	CERTIFICATE OF DEATH Registr	ered No.
M.E. CASE NO.			
1. NAME OF DECEASED	MARION BLUE	2. DATE AND HOUR PRONOUNCE 11/13/	
3. PLACE IN BALTIMORE, MARYLAND,		4. USUAL RESIDENCE (Where deceosed lived, II ins A. STATE B. CO	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOC INSTITUTION	ITAL OR INSTITUTION, GIVE STREET CATION)	C. CITY OR TOWN (II outside the limits, write	e RURAL ond give township)
2		D. STREET ADDRESS (If rurol, give locofion)	10-01
Hopkins H	lospital		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (in years lost birthdoy) Mar 1, 1934 31	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
male colored	ark TOR KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working lite, even if retired		Raeford, N.C.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Marion Blue Sr		Catherine Headen	
15. WAS DECEASED EVER IN U.S. ARME (Yes, no or unknown) (If yes, give wor or do		17. INFORMANT	ADDRESS
	TES OF SERVICES	Mary A. Blue 1227 E. Cha	se Street
1B.	CAUS	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION E	DIRECTLY		ONSET AND DEATH
LEADING TO DEAT	TH Mas	sive pulmonary embolism	
(This does not meon the mode of heart failure, asthenia, etc. It mean	of dying, e.g., DUF TO		
injury or complication which coused	d deoth.)		
ANTECENDENT CAUS	SES		
DISEASES OR CONDITIONS, IF	ANY, GIVING (B)		
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST			
	(C)		
		Consultation of the state of th	
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19R. CO	RELATED TO THE		~~~~~~~~~~~
WAS PE	ONDITION FOR WHICH OPERATION ERFORMED	Yes (Yes or No) 208. IF YES, WERE F	INDINGS CONSIDERED
V 21A. EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB-		, in or about 21C. WHERE DID (If in Boltimore City, g office bldg., INJURY OCCUR?	
3	eon) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
22.	m. WORK AT	WORK	
I certify that I held an		utapsy X and that an this basis, death In ide Hamicide Undetermined mann	
resorred from: Marorar C	Accident 301ci		er
ACTUAL ALOS	1125-1-	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE VUEN	M.		11/14/65
EXAMINER'S	0 0000	ASSOCIATE MEDICAL EXAMINER	11/14/09
NAME (Type) Werner		CONT. 1000	4
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City	/, town, or county) (State)
Burial 11/19	/65 Mt Calvary Co	emetery Ann Arundel Ct	y. Md.
24A. DATE REC'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
NOV 16 1965	5 Robert E. Lanky M.	Wm C March 928 E Nort	h Ave.



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9	This certificate must be approved by the chief medical examiner or his assistant if death occurred in all hospitations and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	BALTIMORE CITY	HEALTH DEPARTME		65 11718
ыктн но. 65 11718	CERTIFICA	TE OF DEAT	TH Registered No.	00 11/10
M.E. CASE NO. 1, NAME OF DECEASED		2. DA	TE AND HOUR OF DEATH	
(Type or Print) ATHALIA BOLL	ING		11-15-65	1 3.00 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			E (Where deceased lived, If i	institution: residence before admis-
		MARYLAND B.	COUNTY	27-11
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location)	stre et	C. CITY OR TOWN	47	7/10
INSTITUTION			(If outside city limits, write	KUKAL ond give township)
THE JOHNS HOPKINS HOSE	PITAL	D. STREET ADDRESS	(If rural, give lacotion)	
5				
		1	FORD AVENUE	T // 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	IVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Mi
FEMALE NEGRO MARRIE		5-16-17	48	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12, CITIZEN OF WHAT COUNTRY?
ane guring mast of warking tite, even it resired;		N.C.		
3. FATHER'S NAME	4	14. MOTHER'S MAID	EN NAME	
		France ID		
James Foye		Elsie Foye		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give war ar dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Robert to	113120 Bolling	3120 Oakford Ave
18. 0 1 0 V N 2 0 14 1	CAUSE O			INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	/	2		ONSET AND DEATH
LEADING TO DEATH	(A) V	neuno	mig.	days
(This does not mean the mode of dying, e.g.,	DUE TO	9-9-9-9-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		
heart foilure, osthenia, etc. It means the disease, injury ar complication which caused death.)		· 1 -	0 0 -	da
ANTECEDENT CAUSES	(B) /	avelic	acquers	day
	DUE TO	1.5	1-4+	1 7
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(c) Ca	vdiac a	vrhyllin	u days;
UNDERLYING CONDITION lost.	Statement of the State of		0	Q
_ II			1	23
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	M1.1.0.	- 1110011	en Remis	
DISEASE OR CONDITION CAUSING IT.	myero	7		1 1
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Ye	S OF NOT 20B. IF YES, WERE	FINDINGS CONSIDERED
		Yes		NO
OR CONTRIBUTING CAUSE OF	ace OF INJURY (e.g., i	n ar about 21 C. WHERE ffice bldg., INJURY OC	DID (If in Baltimo	ore City, give exoct location)
DEATH (natify medical examiner) etc.)				
	JURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
₩ OF INJURY (APPROX.) While				
WORK	A1 Work	000000 11/1	4 15 31	04 11/11/
22. I certify that (1) this hospital) attended the		John III		00am 11/15 19 6
that (1) (we) last sow the deceased alive on 310	vam 11/1	5 1965	ond that in my (our) op	olnion death occurred on the
and hour and from the causes stated above. (1)	(did) (did not)	view the bady ofter o	deoth.	
233. SIGNATURE				23B. DATE SIGNED
KALANA KALALA	M.D. Att	ending Med.	Staff Phys.	11/15/60
23C. PHYSICIAN'S	(11)	23D. ADDRESS	11173.41	111/2/00
NAME (Type)	44.5		ondwar Dol	timone Ma
Barry J. Zacherle	M.D.			timore, Md
24A. BURIAL CREMATION, 24B. DATE 24C. NAMI REMOVAL (Specily)	of CEMETERY or CR	EMATORY	24D. LOCATION	City, town, or county) (Sta
	o National	Cemeterv	Balto., Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	EGISTRAR	25C. FUNERAL DI		ADDRESS
NOV 16 1965 Repub 2.	stander M.A	Wm March		Ave.
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	a approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the hib); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
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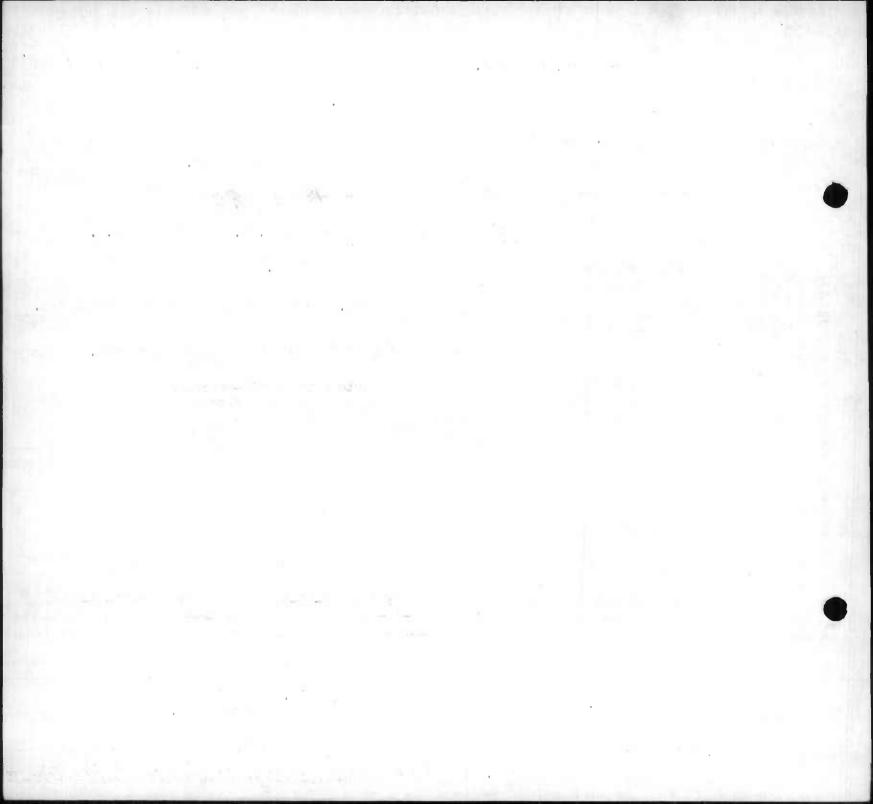
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BALTIMORE CITY HEALTH DEPARTMENT 65 11719 65 11719 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1 NAME OF DECEASED (Type or Print) November 11, 1965 McLendon, Martha J.

3. PLACE OF DEATH IN SALTIMORE, MARYLAND 9:45 (4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Md. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C CITY OF TOWN (If outside city limits, write RURAL and give township) Baltimore St. Joseph's Hospital D. STREET ADDRESS (If rurol, give location) 1725 Montford Ave. #13 9. AGE (In yeors 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. 5. SEX WIDOWED, DIVORCED (specify) Female Negro 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Wadesboro, N. C. U.S. A MOTHERS MAIDEN NAME John McLendon Martha J. Dean 5. Was Deceased Ever in U. S. Armed Forces? ADDRESS 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mrs. Margie Knotts 1725 Montford Ave. No INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebkal Hemorrhage approx. 3 hours (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) Hypertensive cardio-vascular ANTECEDENT CAUSES disease DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION Inst. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Ü (If in Bottimore City, give exact location) DEATH (notify medical examiner) (Month) (Doy) (Year) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not White OF INJURY White At (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from 7:55 AM 11-11-65 19 10 9:45 AM 11-11-6519 that (I) (we) last saw the deceased alive an 9:45 AM 11-11-65 19 and that in (my) (cot) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. 11-11-65 M.D Med. Stoff Director L Phys. 23 C. PHYSICIAN'S 23D. ADDRESS approv NAME (Type) St. Joseph's Hospital A. Alonso 100 Caroline St 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specily)

258. NAME OF REGISTRANDONAL 25C FUNERAL DIRECTO VS 150-REV. 1/1/65



was D.O.A. at a haspital (except where the physician wha pranaunced death was in reguld deceased prior to death); and (6) Na physician was in regular attendance an the deceased

death was in regular attendance on the

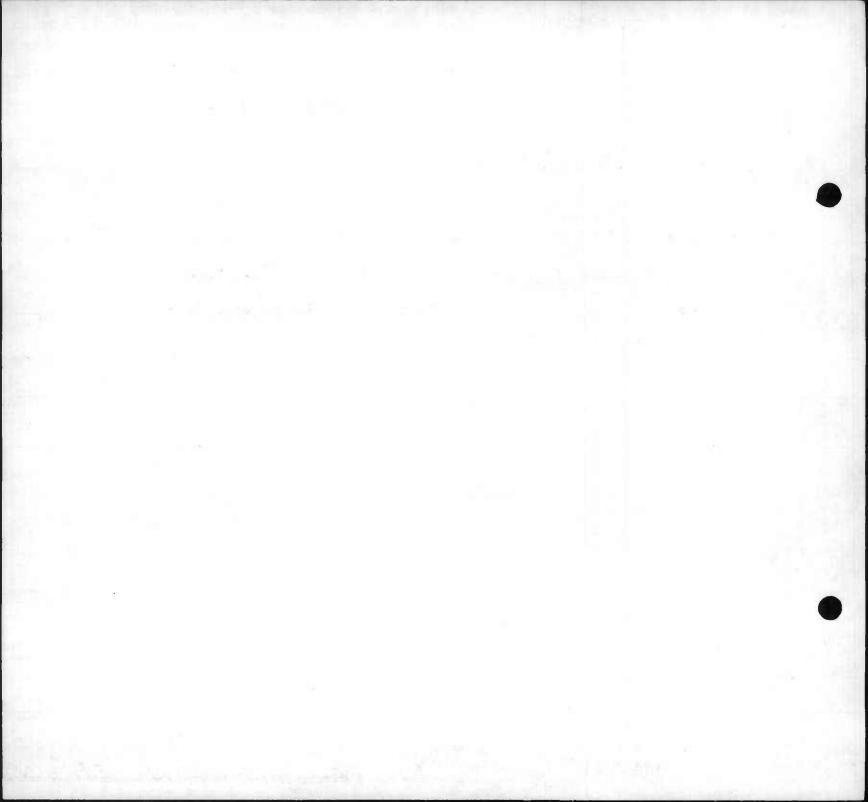
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prior to death.

	BALTIMORE CITY	HEALTH DEPARTMENT		0=
BIRTH NO. 65 11720	CERTIFICA	TE OF DEATH	Registered No.	65 11720
M.E. CASE NO.			D HOUR OF DEATH	
	Tones	7/-	13-15	1 61150
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	JUNES	4. USUAL RESIDENCE (Where	deceased lived. It insti	tution: residence before admission)
		A. STATE B. COUNT	TY .	0 1/3
FULL NAME OF (If not in hospital or institution, oddress or location)	give street	Many	2 N O. side city limits, write RU	0-0
INSTITUTION		011		KAL one give township?
13		D. STREET ADDRESS (If it	urol, give location)	
Telepus Hookins Ho	coisal	2/21 F	MUNAS	24.
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
Mala Widows	D. DIVORCED (specify)	2 15 1040	ost birthdoyl	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND O	F BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF
done during most of working life, even if retired)		2 11		WHAT COUNTRY?
13. FATHERS NAME	e1-c	nevsville	, Vai	ZliSiA.
13. FATHERS NAME		14. MOTHERS MAIDEN NAM	16.	
ANDERSON JONES		JaNE AL	LSTIN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	MONG	Williamso	Nes 26211	Muso Ci.
18. 412011	CAUSE OF	DEATH	1460 00011	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1	n n./	X 0 -	ONSET AND DEATH
LEADING TO DEATH	(A) YW	weardeal	Morchon	of It's Munice
(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease	DUE TO	7	VS	
injury or complication which coused death.)		to alla	(7
ANTECEDENT CAUSES	(B) DUE TO	Mascu	roses	
DISEASES OR CONDITIONS, if any, giving				
rise to the above couse (A) stating the UNDERLYING CONDITION lost.	(C)	~~~	********************	***************************************
ONDERENTO CONDITION 1031.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
U 19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
WAS PERFORMED		est !	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING [216	PLACE OF INJURY (e.g., in ne, form, foctory, street, off	or obout 21 C. WHERE DID	(tt in Boltimore C	City, give exact location)
DEATH (notify medical examiner)		ice sings, intoki occok:		
2) D. TIME (Month) (Doy) (Year) (Hour) 216	INJURY OCCURRED	2) F. HOW DID INJU	JRY OCCUR?	
€ (ABBROY)	nile At Not While			
W			/11	13 15
22. I certify that (I) (this hospital) attended to	he deceased from	1	9 6 10 1	- 13 19 6)
that (1) (we) last saw the deceased alive an		19.6.2 and the	t in(my) (our) apinio	an death accurred an the date
and hour and from the causes stated above. (I) (We) (did) (dld nat) vi	ew the bady after death.		
23A. SIGNATURE			2	38. DATE SIGNED
J. K. Williams	M.D. Atter	nding Med.	Stott Phys.	11-16-65
23C. PHYSICIAN'S	2	3D. ADDRESS	0, 5	FO 01-1 10 00
NAME (Type) F. K. A.D.A	MS M.D.	1222 NI	aroland	1 Mala. Md 2/2/3
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	fown, or county) (State)
REMOVAL (Specify)			111	1/
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	ount Ellis	25C. EUNERAL DIRECTOR	EYSVIIIB,	V Z ADDRESS
NOV 1 6 1965 P.	E HE THEY MA	Par A-Dal	1 40 no 1	14/2 E. Preston
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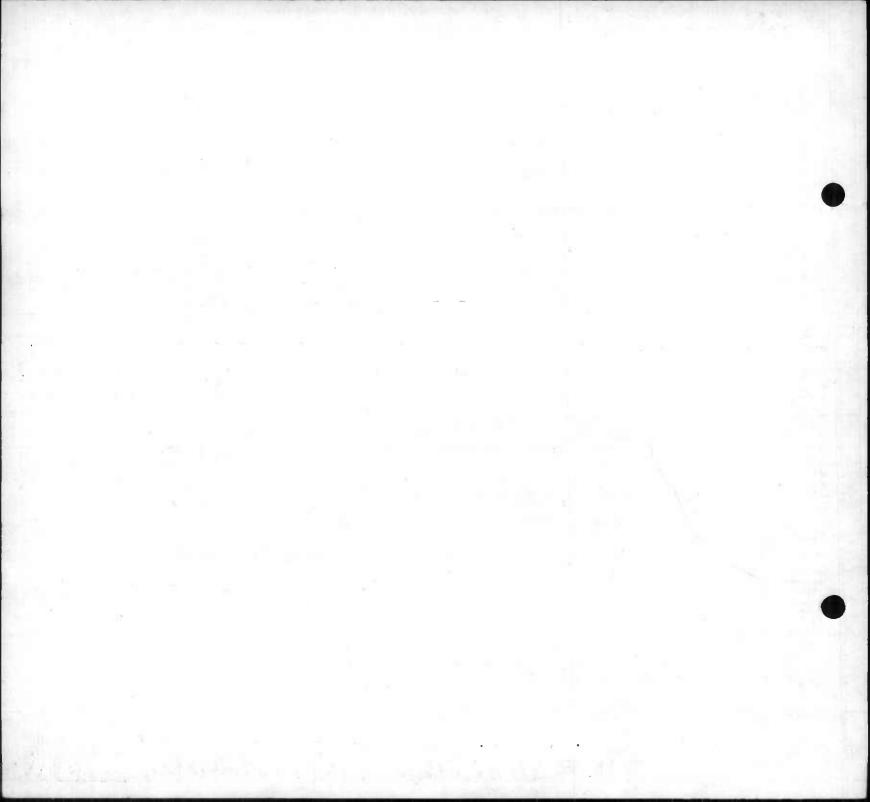
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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	or throa	BALTIMORE CITY	HEALTI	DEPARTMENT		00 ://2
BIRTH NO.	65 11721	CERTIFICA	TEC	F DEATH	Registered No.	31-98-49
I. NAME OF				2 DATE AN	D HOUR OF DEATH	65 11/21
(Type or Print)-		LE DONOVA	N		2-65 9	55 AM
3. PLACE OF	DEATH IN BALTIMORE, MARYLAND					institution; residence before admission)
			A. STAT	E B. COUN	TY	institution, restocated before outlinession,
FULL NAM		tion, give street	N	D. C.	alvert	RURAL and give township)
INSTITUTIO			C. CITY	OR TOWN (If out	side city limits, write	RURAL and give township)
0	U.H BALT	r Ma		CHESAF	EAKE	BEACH
8	0.14 300561	o. 111D.	D. STRE	ET ADDRESS (If	rural, give location)	54-00
					ABOVE	0/00
5. SEX		RIED, NEVER MARRIED	B. DATE		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
1	WID	OWED, DIVORCED (specify)	1-	2-10-19	last birthday)	Months Doys Hours Min.
IOA, USUAL O	CCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRT	HPLACE (State or farei	an country)	12. CITIZEN OF
done during mos	st of working life, even if retired)				,	WHAT COUNTRY?
S	ECRETARY AMO	US. PARK		ryľand		USA
13. FATHER'S	NAME		14. MO	THER'S MAIDEN NAM	ΛE	
11)FS	LEY STIN.	NETT	6	-LIZ. L	BUCKMAS	STER
15, Was Deced	ased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFO			ADDRESS
(Yes,na or unkn	own) (If yes, give wor or dates of serv	SECURITY NO. 579-14-4842			Delmila	
NO		3/9-14-4042	1000	EDERICK	LOVO VA	N (ABOUE)
18.	30X	CAUSE O	F DEATH	1		INTERVAL BETWEEN
DIS	EASE OR CONDITION DIRECTLY					ONSET AND DEATH
	LEADING TO DEATH	(A) SU	BAK	PACHINOID	HEMOR	PHAGE
	es nal mean the mode of dying, ure, asthenia, etc. It means the dis-		- W		***************************************	11-12-65
	camplication which coused death.)	euse,				
	ANTECEDENT CAUSES	(B))		
DISEASES	OR CONDITIONS, if any, q	DUE TO				
	the above cause (A) stating					
UNDERLY	rING CONDITION last.	6.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00			0000====0000=======================	······································
					•	
O OTHER SI	GNIFICANT CONDITIONS CONTRIB					
DISEASE	OR CONDITION CAUSING IT.) THE	The same			
U 19A. DATE	OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A.	AUTOPSY? (Yes of No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
O TO THE DISEASE 19A. DATE 21A. ACC				ges	IN CERMINO CA	COSES OF DEATH:
U 21A. ACC	IDENT WAS UNDERLYING RIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	n or obou	21 C. WHERE DID	(If in Baltimo	ne City, give exact location)
▼ DEATH (n)	atily medical examined	hame, lorm, factory, street, a etc.)	nice plag	INJURI OCCUR:		
21D. TIME	(Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED		21F. HOW DID INJ	IBY OCCUP?	
2 OL MAJOK	Y	While At Not While		III. HOW DID ING	DRI OCCOR:	
(APPROX)		Work At Work	•			
22. 1 cer	tify that (1) (this hospital) attend	ded the deceased from	1-11	- 1	965 to	11-12 1965.
	we) last saw the deceased olive	1 12	19	/ -		inion death occurred on the date
		***************************************			it in (my) = (==i) op	Thion death occurred on the gare
	and from the causes stated abar	ve. (!) (We) (did) (did not) v	riew the	body after death.		
23A. SIGN	ATURE	1 17				23B, DATE SIGNED
6	Klaus Lee M	When M.D. Atte	s.	Med. Director	Stoff Phys.	11-12-65
23C. PHYSI	CIANS		23D. ADD			
NAM	E (Type)	1 DREZ M.D.	10	T/-1 C	10000	- But ma
24A BUDIAL	CREATION SAR DATE	CNAME OF COMME	60	170 072	12 VOVINGO	E CHILLO TILD
REMOVA	CREMATION, 24B. DATE 24	IC. NAME OF CEMETERY OF CR	EMATORY	24D. LO	OCATION (C	City, town, or county) (State)
Burial	Nov. 15. 1965	Mt. Harmons Co	mete	ry Owi	ngs Cal	vert Maryland
	C'D BY HEALTH DEPT. 258. NA	Mt. Harmony Ce	25C.	FUNERAL DIRECTOR		ADDRESS
	NOV 16 1965 P.O.	8- Q . T. D. 40		Hutchins	Tunval H	true - Opringo. W.
V\$ 150-REV. 1		ero C. Manseyra		1931-13171	- Michiel /1	The Caroline
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular

attendance on the

	AME OF DEC e or Print)		ert (NMI) Jr.		12/65	6:35
	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND	A. STATE B. CO	here deceased lived, If UNTY	institution; residence before odm
H	ULL NAME O IOSPITAL OR NSTITUTION	oddress or locotion			outside city fimits, write	e RURAL ond give township)
		Administrati		Baltimore D. STREET ADDRESS	(If rurol, give location)	55'700
		h Raven Blvd. e, Maryland 2		8 Teal Stre		
5. S		6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8/3/16	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours
IOA.	USUAL OCCU	JPATION (Give kind of work working life, even il retired) her Retired	Photographer	Stratford, Co		12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
J	ohn Doc	herty		Nellie Jense	n	
15 1	Nee Deceased	Ever in U. S. Armed For	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	es	WWII	116-09-7050	V.A. Hospital	, Baltimore	, Md. 21218
	1B. 5 2	7.11	CAUSE O	F DEATH		INTERVAL BETWEE
	DISEAS	LEADING TO DEATH		PNEUMONIA		l week
	heart failure, injury ar can	ot mean the mode of asthenia, etc. It means aplication which caused ANTECEDENT CAUSES	the disease, death.) 	INFECTED BULLC	US CYST	2 months
	DISEASES Crise to the	asthenia, etc. It means	the disease, death.) (B) DUE TO	INFECTED BULLC		
ATION	DISEASES (rise to the UNDERLYING OTHER STAIN TO THE D	asthenia, etc. It means uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A)	the disease, death.) DUE TO any, giving stating the (C) CONTRIBUTING			
ERTIFICATION	DISEASES Crise to the UNDERLYING OTHER SIGNITO THE D DISEASE OR 19 A. DATE OF	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) is CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING OPERATION 198. CON WAS PER	the disease, death.) (B)	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
L CERTIFIC	DISEASES Crise to the UNDERLYING OTHER SIGNITO THE DISEASE OR 19 A. DATE OF 21 A. ACCIDEI OR CONTRIBL	asthenia, etc. It means uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if abave cause (A) CONDITION last.	the disease, death.) (B)	20 A. AUTOPSY? (Yes or NO in or obout 21 C. WHERE DID	No) 20B, IF YES, WER IN CERTIFYING C	
ICAL CERTIFIC	DISEASES Crise to the UNDERLYING OTHER SIGNITO THE DISEASE OR 19 A. DATE OF 21 A. ACCIDEI OR CONTRIBL	asthenia, etc. It means uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS OF EATH BUT NOT RELY CONDITION CAUSING OPERATION 198. CON WAS PER UT WAS UNDERLYING CAUSE OF	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., inchessed, or etc.)	20 A. AUTOPSY? (Yes or NO in or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR!	No) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
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MEDICAL CERTIFIC	DISEASES Crise to the UNDERLYING OTHER SIGNITO THE DISEASE OR 19 A. DATE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and have got	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) and conditions (A) and condition (A) and conditions (A) and condit	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Work Work Not White At Work 1) attended the deceased fram bed alive an November 12 ted above. (f) (We) (did) (fish first)	20 A. AUTOPSY? (Yes or NO in or obout 21 C. WHERE DID office bidg., INJURY OCCUR: 21 F. How DID le September 17th 2th 19 65 and view the bady after death and sending Med.	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) Ovember 12th 19
MEDICAL CERTIFIC	DISEASES Crise to the UNDERLYING OTHER SIGNITO THE DISEASE OR 19 A. DATE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and have got	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) to condition last. FICANT CONDITIONS (CAUSING) OPERATION 198. CON WAS PER (CONDITION CAUSING) OPERATION 198. CON WAS PER (CONDITION CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSING) (Month) (Doy) (Year)	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., indeed, or etc.,	20A. AUTOPSY? (Yes or NO NO in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. How DID 21F. How DID 21F. How DID on on obout 21F. How DID 21F. How DID on other 19 65 and view the bady after deat ending Med. Director 23D. ADDRESS VA Ho	No) 208, IF YES, WER IN CERTIFYING C. (If in Boltime in 19 65 to No that in (144) (aur) a ph.	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) Ovember 12th pinian death accurred an the control of t

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25C. FUNERAL DIRECTOR

Mitchell Funeral Home-1900 Eutaw Place Baltimore, Md.

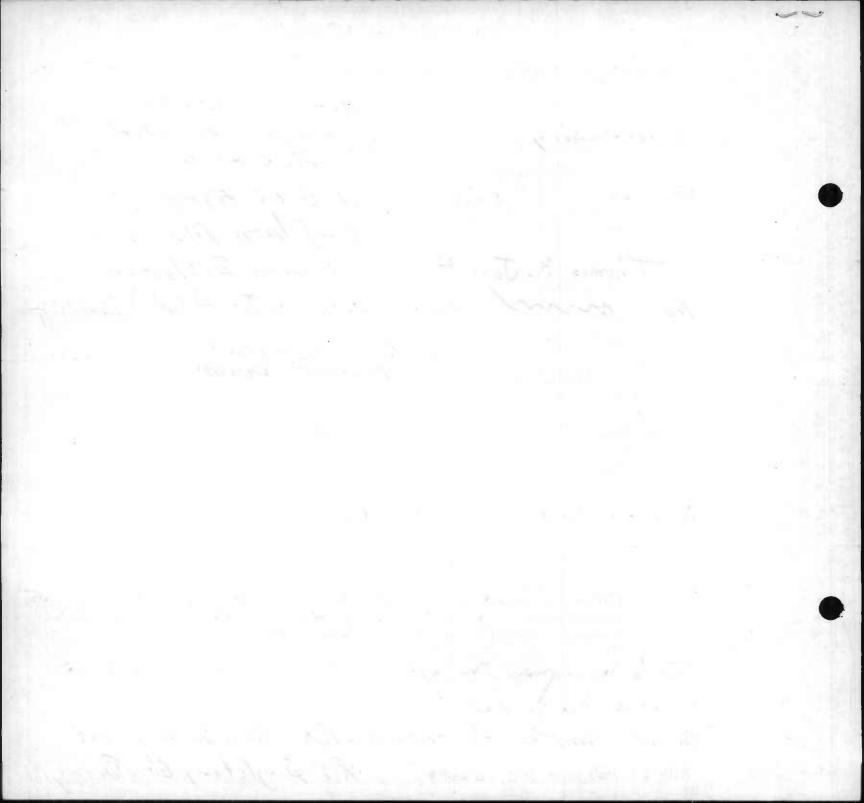
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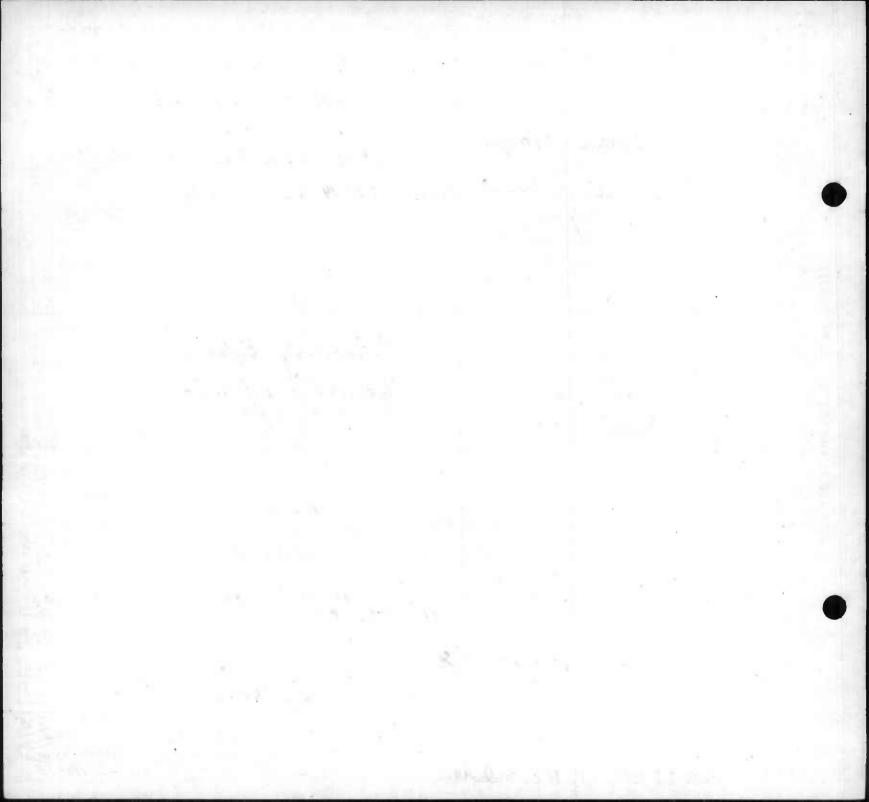
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE A. STATE B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF address or location ond give INSTITUTION D. STREET ADDRESS rurol, give location is made. 5. SEX 7. MARRIED NEVER MARRIED WIDOWED DIVORCED (specify) 9. AGE (In years If Under 24 Hrs. 6. RACE If Under 1 Yr. Months: Doys lost birthday Hours 190 MIDDINED 12. CITIZEN OF WHAT COUNTERS OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY HPLACE (State or foreign country) final disposition MARYLAND

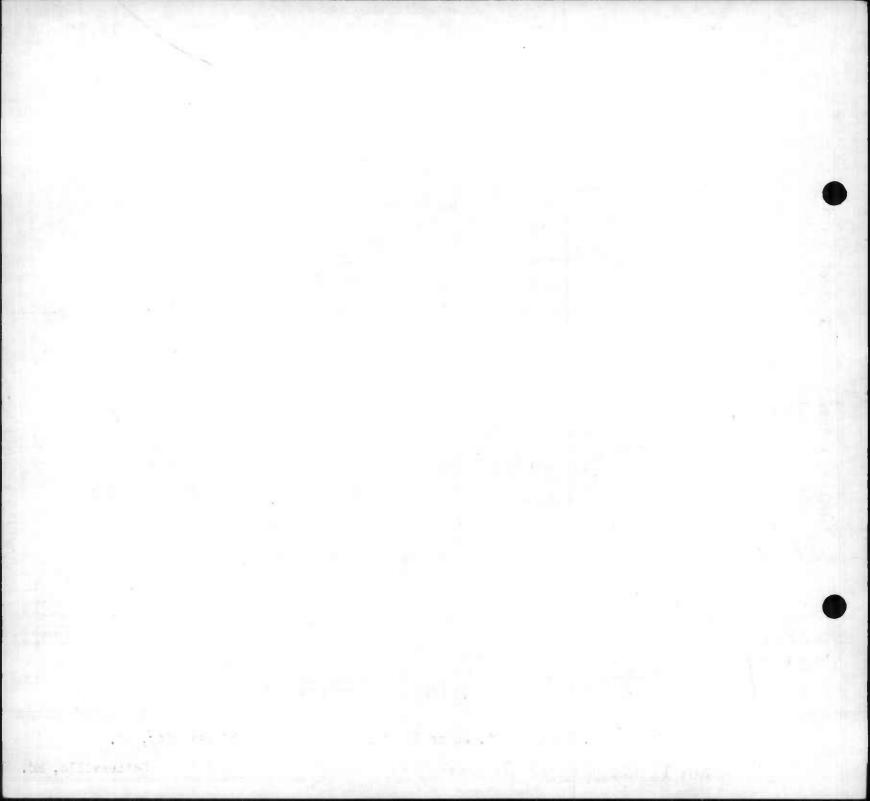
14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces SOCIAL (Yes, no or unknown) (II yes, give wor or dotes of service SECURITY NO. 214-01-5636 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED NO before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, alfice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) atr. obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from ond that In(my) (our) opinion death occurred on the date that (1) (we) lost saw the deceased alive on. must and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED 11-14-65 Attending Phys. Stoll Med. approval Director Phys. prior 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. deceased written ap 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Stote) (City, town, or county) REMOVAL (Specily) YRIAL 25A. DATE REC'D BY HEALTH DEPT.



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where physician who pronounced death was in regular attendance on the deceased prior to death. Such written approach must be obtained hospital in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

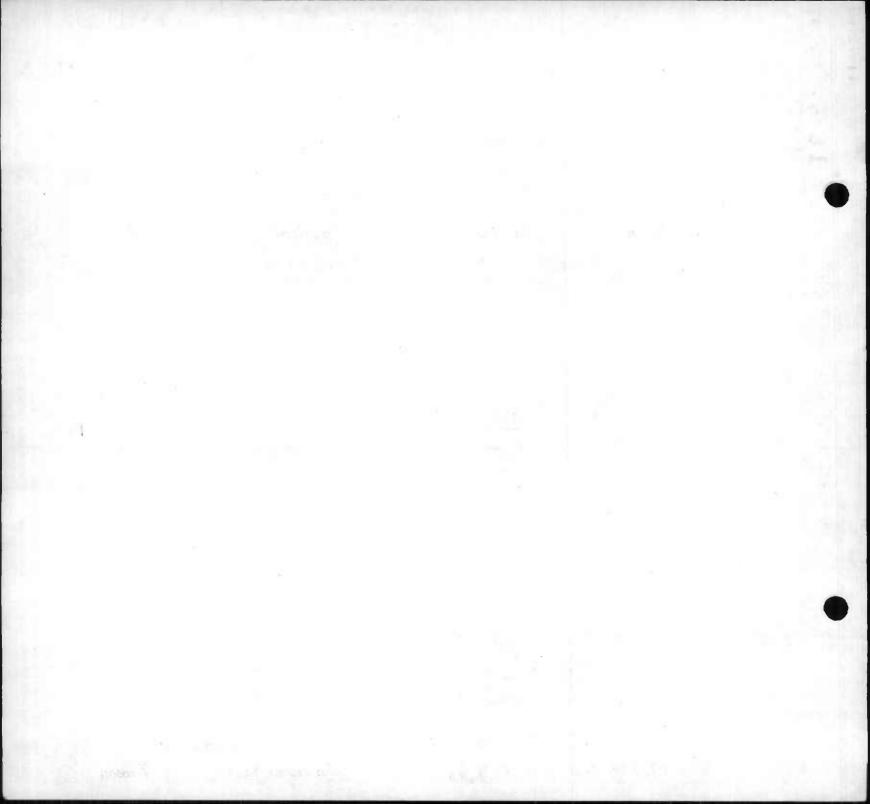
OF SETTOT		Y HEALTH DEPARTMENT	
BIRTH NO. 65 1.1725	CERTIFICA	TE OF DEATH Registered No.	65 11725
M.E. CASE NO. 1. NAME OF DECEASED John Blue (Type or Print) Mr. John Blue	woo	2. DATE AND HOUR OF DEATH	5 1 7: AM
3. PLACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (Whore doceosed lived, If instit	tution: rosidence before admission
FULL NAME OF (If not in hospital or instit oddiess or location) INSTITUTION M M M M M M M M M M M M M		C. CITY OR TOWN (If outside city limits, write RUI Ellication	RAL ond, give township)
A 20 25 West 7 ay	rtte	D. STREET ADDRESS (Il ruroll give logotion) Maxime Street	
Male white WIL	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yeors In the standard of the stand	If Under 1 Yr. If Under 24 Hrs Aonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KI done during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Matyland	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME William H. Blum		Lause mariah &	Jeffman
15. Was Deceased Evar in U. S. Armed Forces? (Yes, no arunknown) (If yos, givo war ar dates of se	16. SOCIAL SECURITY NO. 252-48-2328	17. INFORMANT Ellicott City;	MAADDRESS
DISEASE OR CONDITION DIRECTLY	70.	Frankish astume	INTERVAL BETWEEN ONSET AND DEATH
injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stating UNDERLYING CONDITION last.	(B) DUE TO giving 1 the (C)		o 32PM
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FIN	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		IN CERTIFYING CAUS	S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)	21B. PLACE OF INJURY (o.g., in home, form, foctory, street, o etc.)		ity, give exoct locotion)
21 D. TIME (Month) (Doy) (Yeo) (Hour OF INJURY (APPROX)	21E INJURY OCCURRED While At Not While Work Not Work		
22. I certify that (I) (this hospital) atter that (I) (we) last sow the deceased aliv		19 65 to 19 65 to ond that in (my) (our) opinion	on death occurred on the dat
ond hour and from the causes stoted obo 23A. SIGNATURE Byong Have	Kan M.D. Att	onding Med. Staff Phys. Director Phys.	BB. DATE SIGNED 165
23C. PHYSICIANS NAME (Typo) BYOND HAC	EK KIM M.D.	BON SECOURS MOSPIT	AL Baltimore
Burial 11/17/65	St. Johns Cemet		y, Md.
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 17 1965 () 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	FalleyMA	rasion run tacket	Catonsville, Md.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing tause of death occurred in a hospital by a medical examiner. Also, if the direct or contributing tause of death occurred in a hospital (axcept where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remainer are embalance on the deceased prior to death. Such

11 12 65

1 - 1 - 1 - 1 - 1 - 1	BALTIMORE CITY	Y HEALTH DEPARTMENT	N.	CE AARIOO
BIRTH NO. 65 11726	CERTIFICA	TE OF DEATH	Registered No.	65 11726
M.E. CASE NO.		2. DATE	AND HOUR OF DEATH	1
(Type or Print) ANNE WARWICK			11-11-65	11.40P
3. PLACE OF DEATH IN BALTIMORE, MARYLANI	D	4. USUAL RESIDENCE (W	here deceased lived. If	institution: rosidence bofaro admission
		MARYLAND E		17-17
FULL NAME OF (If not in hospital or insti	tulion, give street			101
INSTITUTION			outside city limits, write	RURAL ond give township)
3 THE JOHNS HOPKINS	HOSPITAL	BALTIMORE		
o me domo no min	11001 11112	D. STREET ADDRESS 6886 MCLEA	N BLVD	
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months; Doys Hours Min.
FEMALE WHITE	SINGLE (specify)	8-24-30	lost birthdoy/	Monms Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fe	oreign cauntry)	12. CITIZEN OF
done during most of working life, even if retired)		44 1 1		WHAT COUNTRY?
lechnician Ho	pkins	Maryland		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
J. EDWIN WARWICK		HELEN HAN	INLEY	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.			
18. 2004	CANCE	OF DEATH		INTERVAL BETWEEN
0,001				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ma	Etastatii hy	1.0	
(This does not mean the mode of dying,	(A) 1 (cias lauce my	mpho-sonour	ra 1 year.
heart failure, asthenia, etc. It means the di	sease,	()		
injury or complication which coused death.)	•	*	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, il ony,				
rise to the abave cause (A) stating	g the (C)		*************	
UNDERLYING CONDITION lost.				
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION		20 A. AUTOPSY? (Yos or	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
	X	651		
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exect location)
DEATH (notify medical examinar)	etc.)	Singly in to the to the		
O 21D. TIME (Month) (Doy) (Year) (Hou	1) 21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
S OF INJURY	While At Not Whi	le 🗀		
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) otte	nded the deceosed from	Oct	19 65 to N	19 65
that (1) (we) last sow the deceased aliv	11 1 m 1 T3	19 65 ond		pinion death occurred on the de
ond hour and from the couses stated ob				
	over (I (mextala) (ala not)	view the body after deat	П•	DATE SIGNED
23A. SIGNATURE	11.00	tending - AA-4 -	Stoff Ch	23B. DATE SIGNED
1. aluch Cee	- Jule M.D. At	ys. Med. Director	Phys.	11-11-65
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS		
NAME TO J. PATRICK C	AULFIELD M.D.	JOHNS HOPK	INS HOSPIT	AL
	24C. NAME of CEMETERY OF CE		LOCATION	City, town, or county) (State)
REMOVAL (Specify)	2-0, MARIE OF CERTIFICATION CI	240.	LUCATION	A I
Burial 11/15/65	Mount Maria		Towson, N	1d,
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECT	OR /	ADDRESS
NOV 17 1965 (0 8 9	J. D. 110	John Burns	Sons	Towson
- John Marine	Alla September 1	Joint Laure	20103	i owoojt



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. 65 11727	CERTIFICA	TE OF DEATH	Registered Na	11727
1. N (Ty	PLACE OF DECEASED PLACE OF DEATH IN BALTIMORE, MARYLAN	2 inkhan	4. USUAL RESIDENCE IWhere A. STATE B. COUNT		1965 8 1 25 A
11	FULL NAME OF (If not in hospital or insti HOSPITAL OR oddress or location) INSTITUTION	itution, give street	C. CITY OR TOWN (II outs	ide city limits, write RUR	AL and give towhship)
1/	Union Memoria	1 Hospital	D. STREET ADDRESS III II	eural, give location)	Road
5.	SEX 6. RACE 7. M	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)			Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	N. USUAL OCCUPATION (Give kind of work 108, K ne during most of working life, even if retired) NON	OUN HUME	Jarretts VI	le Maryland	2. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME TO LAW T. 2005	<i>s s</i>	13-e 95 é e	May 15	Burkins
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no ar unknown) (If yes, give war ar dates of st	1 6. SOCIAL SECURITY NO.	Miss Made	lyn Zinkhu	ADDRESS Lu Eame
	18. 422,1 I DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH	4	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying	(A) 13 as	Texal Pres	emonitie	2 days
	heart failure, asthenia, etc. It means the d injury or camplication which caused death ANTECEDENT CAUSES	isease,	It frontal loke	infaction	10/29-11/8
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) statin UNDERLYING CONDITION last.		io ederatic lon	Liovanular	anhorn
ATION	OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE			
ERTIFICA		N FOR WHICH OPERATION	20A. AUTOPSY? IYes or No!	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
CALCE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	or obout 21C. WHERE DID ince bldg., INJURY OCCUR?	IIf in Boltimore Ci	ty, give exact location)
MEDI	OF IN DIRY	While At Not While Work At Work		IRY OCCUR?	
	22. I certify that (1) (this hospital) atte that (1) (we) last saw the deceased aliv	11/0/	//		1965
	and haur and from the couses stated ab	pave. (1) (We) (did) (did not) v	iew the bady after death.	123	B. DATE SIGNED
	Donald II. 7	all Phys	miding Med. Director	Stoff Phy s.	11/8/65
	DONALD G. HALL	M.D.	UNION MEMOR	HAL HOSPITA	AL
24	A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify BURIAL NOV. 11,1965	WILLIAM WATERS	MEM. CEM. COOL	1-	Town, or county) (State)
25	A. DATE REC'D BY HEALTH DEPT. 258. N	NAME OF REGISTRAR	259 FUNERAL DIRECTOR	ia Sona, To	Tion, Till,
VS	150-REV. 1/1/65	, Consequent			

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 11728 M.E. CASE NO.	CERTIFICA	TE OF BEATH	egistered No. 5	1728
1. NAME OF DECEASED ERNEST	C. HATCH	2. DATE AND HO	10/65	8:25 P M.
FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) Oddress or location) ON ON MEMORIA		D. STREET ADDRESS (If rurol,	city limits, write RURAL city limits, write RU	Balta
in White wild	WED, NEVER MARRIED (Specify)	2-15-8 (9. AG	GE (In years in Month	der 1 Yr. If Under 24 Hrs. si Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND done during most of working lite, even if relired) ATTORNEY 13. FATHER'S NAME	F-EW PLOYED	11. BIRTHPLACE (Stole or foreign co	untry) 12. CI	THAT COUNTRY?
ALTRED C. HA	TCH	ELLA C	LIMMINS	
15. Was Decaased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	17. INFORMANT ALICE ZENT	2	ADDRESS S/A
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, healt failure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givise to the above cause (A) stating UNDERLYING CONDITION fast.	(B) OUE TO Ving Ihe (C)	PHARMONIA ongestive kear	et failure	INTERVAL BETWEEN ONSET AND DEATH
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 200 IN	LIF YES, WERE FINDING CAUSES O	S CONSIDERED F DEATH?
OR ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(II in Boltimore City, s	give exact location)
21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While A1 Not While Work At Work	1	OCCUR?	
22. I certify that (H) (this hospital) attend that (H) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ROBERT N. WHITLOC	an	lew the body after death.	23& D	ate signed 11 10 161
BURIAL NOV. 13,1965 L	C. NAME OF CEMETERY OF CRI RUD RIDGE ME OF REGISTRAR	0=11 - 0111	SVILLE, M.D.	ADDRESS
NOV 17 1965 P. B. E	Farleyna	John Burns	DOUR TOWN	on ned

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IMPORTANT FUNERAL DIRECTOR:

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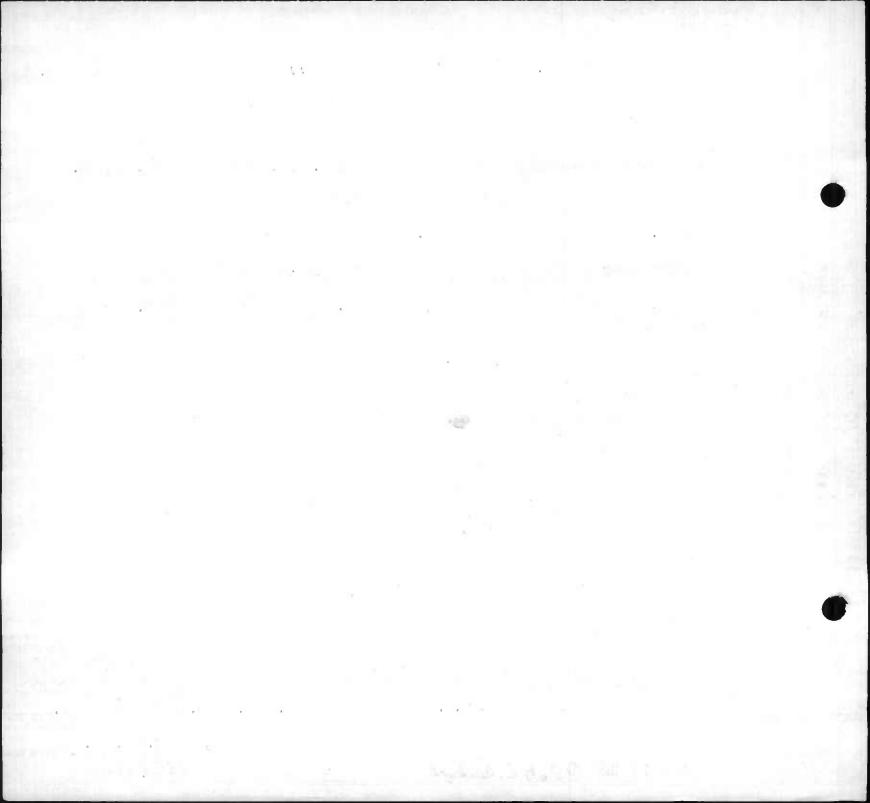
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hospital ance (4) Undetermined cause; (5) cause T attend 9 prior contributing occurred made. regular deceased disposition = ds the direct 3 eath no kind; final attendance T any pronounced 0 Also, embalmed of fracture the chief medical examiner examiner. 2 regul who are 4 <u>ල</u> physician the remains Was medical burns; physician Body the 0 before to the hospital by 3 where ° any nature; be obtained 9 (except and death); of hospital he body was released must shows: (1) An accident 0 approval O prior a ased D.O. SID 3

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 11720 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Frank M. Robey
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 5/65 4:31 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A, STATE
B, COUNTY Baltimore, Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C, CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION Maryland
D. STREET ADDRESS (If rurol, give location) South Baltimore General Hospital 807 E. Fort Avenue= Ralto If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 7. MARRIED, NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) lost birthdoy Male White Married 8/16/1906 18A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maint. Insulator Co. Yew Jersey USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sulbert Robey Georgia Padgett 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Mrs. Irma Robey 807 E. Fort Ave CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH arcinoma fesophagus (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the diseose, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED Nov 13,1965 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? Carcinona 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner etc.) (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (X) (this hospital) attended the deceased from Nou that (M. (we) lost saw the deceased alive on....ond that in the course on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 234 SIGNATURE 238 DATE SIGNED M.D.

1-16-65 Attending Phys. Med. Director Phys. 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) DAVID M. LANPHEAR, M.D. South Balto. Gen. Hosp. 24A, BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Burial Woodlawn Woodlawn, Balto. Co. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Mc Cully VS 150-REV. 1/1/65



the body

oddress or location)

JOHN E. CLANCY

not in hospital or institution, give

BALTIMORE, MMARYLAND

ST. AGNES HOSPITAL

BIRTH NO.

M.E. CASE NO. (Type or Print)

HOSPITAL OR

13. FATHER'S NAME

INSTITUTION

CAL

MEDI

Such

attendance on death.

prior

d in a hospital and ing cause of death cause; (5) Deceased

21229

6. SOCIAL

SECURITY NO.

	1,	1/14	1 1		1	23	P.
JAL RESID	B. COUNTY		lived.	If institution:	residence	before	odmissio

4. USU MARYLAND

C. CITY OR TOWN (If outside city limits, write RURAL

BALTIMORE

D. STREET ADDRESS (If rural, give location)

			1230 HAVERE	HILL ROAD	21229
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
MALE	WHITE	MARRIED (specify)	2/8/1928	37	
done during most	CCUPATION (Give kind of wo of working life, even if retired	Adlem Construction	(1). BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ASST. I	FOREMAN	-ADLER-GONRRETE-66	BALTIMORE		U.S.A.

EDWARD E. CLANCY

15. Was Deceased Ever in U. S. Armed Forces?

(Yes, no or unknown) (If yes, give wor or dotes of service)

ALMA M. PLAWIN

14. MOTHER'S MAIDEN NAME

17. INFORMANT ADDRESS 21229

. 1	NONE TO BE	216-12-7302-	MRS. I	EVERNE E	. CLANCY	1230 HA	VERHILL	RD.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	9991 CAUSE OF E	DEATH 10-0	ardie	al Ju		NTERVAL BETWONSET AND DI	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO		9	A /	0	:)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last.	(B) DUE TO	en.		Mons	102		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WIND WAS PERFORMED				20B, IF YES, WER IN CERTIFYING C	E FINDINGS AUSES OF D	CONSIDERED DEATH?	
U	21 A. ACCIDENT WAS UNDERLYING 21 B. P	PLACE OF INJURY (e.g., in or	about 21 C. W	HERE DID	(If in Boltim	are City, give	exact lacation)	

218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? etc.)	

OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not While (APPROX.) Work At Work

21 F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an

19 6 5 and that in(my) (out) apinion death accurred on the date

and bour and from the causes stated abave. (1) (We) (did) (did-not) view the body after deoth, 23A. SIGNATURE

25B. NAME OF REGISTRAR

Lyn	6	175000
23C PHYSICIAN'S NAME (Type)	D.D.	TOUN C HEALY

Attending Phys. 23 D. ADDRESS

M.D.

Stoff

(If in Boltimore City, give exact location)

DR. JOHN C. HEALY

1311 FRANCIS AVENUE

24D. LOCATION

Med.

Director

21227 (City, town, or county)

ADDRESS

238, DATE SIGNED

24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) LOUDON PARK CEMETERY BURIAL 11/17/65

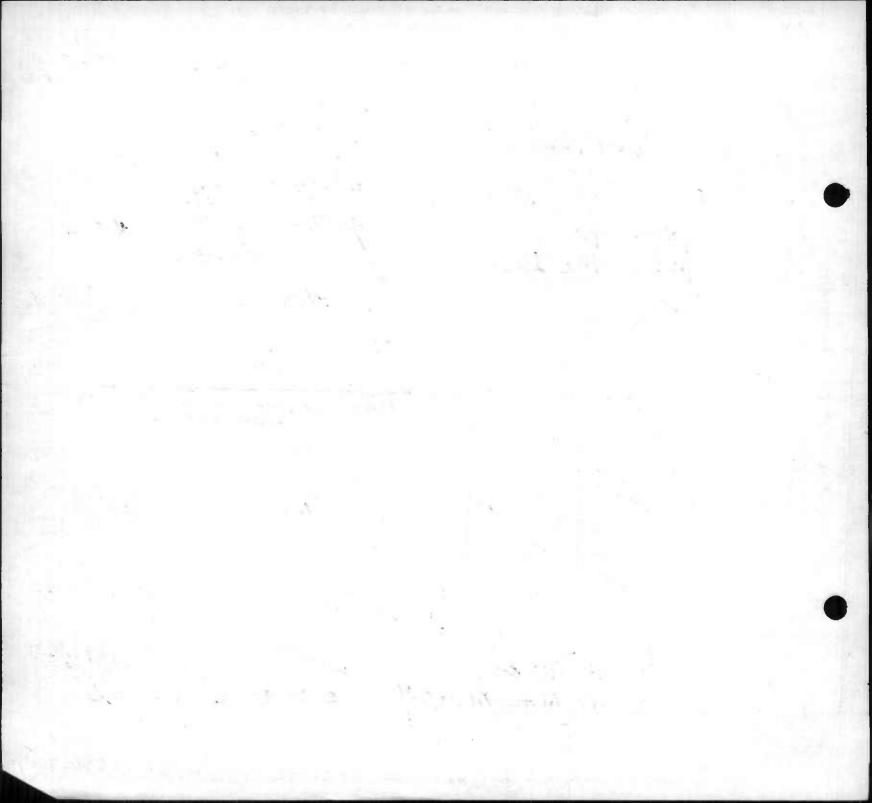
25C. FUNERAL DIRECTOR

HUBBARD FUNERAL HOME 4107 WILKENS AVE.

25A. DATE REC'D BY HEALTH DEPT.

1	71	1
IMPORTANT	or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death of any kind; (4) Undetermined cause; (5) Deceased	nounced death was in regular attendance on the attendance on the deceased prior to death. Such med or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH M.F.	NO. 65 11731	CERTIFICA	TE OF DEATH	Registered No.	5 11731
1. NA	OF DECEASED PATIENCE	FRAZ	ICA 2. DATE AN	HOUR OF DEATH	15:45 pm.
3. PL.	ACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	e deceased lived. If instit	lution: residence befare oddissian)
HC	LL NAME OF (If nat in haspital or institution, address ar lacotion)	- 1	C. CITY OR TOWN (If our	tside city limits, write RUI	RAL and give township)
V D	607 Penna	sing Home	guither	story	montunery
		,		rurol, give (Gcation)	6 3500 C
5. SE	Turne Col. Wipower	NEVER MARRIED D, DIVORCED (specify)	4/17/1881	lost birthdowl	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Haurs Min.
	ISUAL OCCUPATION (Give kind of work 108, KIND OF luring most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLAGE(State or forei	AR I	12. CITIZEN OF WHAT, COUNTRY?
13. FA	THERS NAME Me. Alex		14. MOTHERS MAIDEN NA	Prother	
15. W	Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT -	Broil Fr	sque gouthershy
11	443XI	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	ercho vas	enlar	
1	This does not meon the mode of dying, e.g., leart failure, asthenio, etc. It meons the disease, njury or complication which coused death.)	DUE TO	seitensing	ecident	11
	ANTECEDENT CAUSES	(B) My	seitensing	artemoscles	te 4 Ms.
	DISEASES OR CONDITIONS, if any, giving ise to the above couse (A) stating the	(C)	entry NA	iserse_	
1	UNDERLYING CONDITION last,	· · · · · · · · · · · · · · · · · · ·	••••••••••••••••••••••••••••••••••••••	00 00 00 00 00 00 00 00 00 00 00 00 00	
1151.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	PA. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
U 2	1A. ACCIDENT WAS UNDERLYING 21B PR CONTRIBUTING CAUSE OF PEATH (notify medical examiner)	ie, form, foctory, street, al	ar about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct location)
	FINJURY	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	Wo		2/0	(-1	11/10
	1 certify that (1) (this haspital) attended that (1) (we) lost sow the deceased alive on	he deceased from		ot in (my) (our) on Inle	on death occurred on the date
	nd hour and from the couses stated above. (1 1		,, (,	
2	BA. SIGNATURE May MAYARA	M.D. Atte	anding Med. Director	Staff Phys.	38 DATE SIGNED
2	SC. PHYSICIAN'S NAME (Type)		23D. ADDRESS 500 E	madi	son St
24A.	BURIAL CREMATION, 24B. DATE 24C,N.	AME OF CEMETERY OF CRE	MATORY 24D. L	*	tawn, or county) (State)
25A.	mual 1/0/65 A.	rolle D	25G. FUNERAL DIRECTOR	Jaylons	ville Ind
N	OV 17 1965 DO R O 7.	0	Denge.	K. Inon	den Kocker
VS 14	0-REV. 1/1/65	SEATING THE STATE OF THE STATE		100	



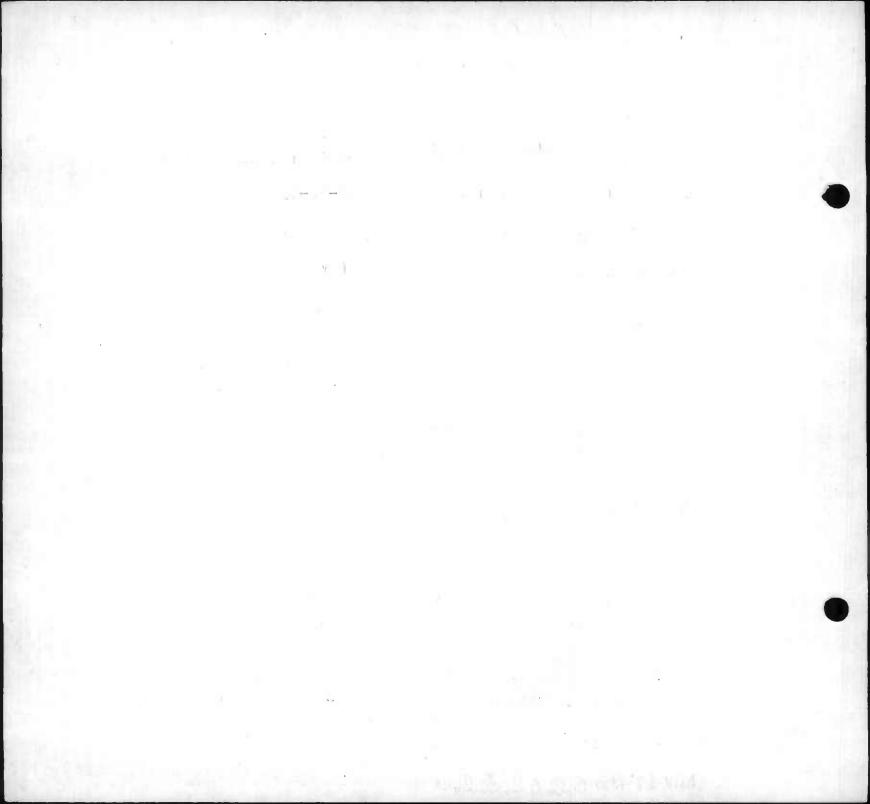
was D.O.

			ITY HEALTH DEPARTMENT	0= 114400
		11732 CERTIFIC	CATE OF DEATH Registered N	.65 11732
1. N	E. CASE NO. NAME OF DECEASED pe or Print)	GEORGE JOHNSON	2. DATE AND HOUR OF DEA 11-15-65	TH 3:00
3. P	PLACE OF DEATH IN BALTIMORE,	MARYLAND	4. USUAL RESIDENCE (Where deceosed lived.	f institution: residence before odmis
F	FULL NAME OF (If not in hosp	pital ar institution, give street	MARYLAND	2-01
	HOSPITAL OR oddress or loc INSTITUTION	cation)	C. CITY OR TOWN (If outside city limits, wri	te RURAL ond give township)
2	THE JOHNS HO	PKINS HOSPITAL	D. STREET ADDRESS (If rural, give location)	E 1927 E. BALTIN
5. S	MALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 62	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	LUSUAL OCCUPATION (Give kind of the during most of working life, even if reting		TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ou,i.	PHOTOGRAPHER		DUKNOWN	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	STEVE JOHNSON		EMILY ANDREW	
	Was Deceased Ever in U. S. Armed s, no or unknown) (If yes, give wor or		17. INFORMANT	Rocem (ADDRESS
	No.	241-28-811	6 Mr. Vite Johnson - BT.	Bex 197
	18.6 10 %	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION		P. Carrana C. wholes	O I AND DEATH
	(This does not mean the made	(A)	immonaly emilia	S 10 minu
	heart failure, asthenia, etc. It me	eans the disease,	0 C	1
	ANTECEDENT CAL	The state of the s	mubcardial ma	TUNON
	DISEASES OR CONDITIONS,	DUE TD	X	оличения в принципри от принципри в на на на начина на н
	rise la the abave cause	(A) stating the (C)		
	UNDERLYING CONDITION last			
ATION	UNDERLYING CONDITION last	AS CONTRIBUTING PECENA	Surgery (Prosta	ti) 17 days
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ICAL CERTIF	UNDERLYING CONDITION IGSI OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 19.A. DATE OF OPERATION 19.B. WAS 21.A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	RELATED TO THE RELATION FOR WHICH OPERATION PERFORMED DATE 1218. PLACE OF INJURY (c.	20A. AUTOPSYNYES OF NO 20B. IF YES, WE IN CERTIFYING	
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MEDICAL CERTIFI	UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OF CONDITION CAUSII 19A. DATE OF OPERATION 198. WAS 21 A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (natify medical examine) 21 D. TIME (Manth) (Day) (1) CONTRIBUTING CAUSE OF DEATH (natify medical examine) 21 D. TIME (Manth) (Day) (1) CONTRIBUTING CAUSE OF DEATH (natify medical examine) 22 D. TIME (Manth) (Day) (1) CONTRIBUTING CAUSE OF DEATH (natify medical examine) 23 D. TIME (Manth) (Day) (1) CONTRIBUTION 24 D. TIME (Manth) (Day) (1) CONTRIBUTION 25 D. TIME (Manth) (Day) (1) CONTRIBUTION 26 D. TIME (Manth) (Day) (1) CONTRIBUTION 27 D. TIME (Manth) (Day) (1) CONTRIBUTION 28 D. TIME (Manth) (Day) (1) CONTRIBUTION 29 D. TIME (Manth) (Day) (1) CONTRIBUTION 21 D. TIME (Manth) (Day) (1) CONTRIBUTION 21 D. TIME (Manth) (Day) (1) CONTRIBUTION 21 D. TIME (Manth) (Day) (1) CONTRIBUTION 22 D. TIME (Manth) (Day) (1) CONTRIBUTION 23 D. TIME (MANTH) (DAY) 24 D. TIME (MANTH) (DAY) 25 D. TIME (MANTH) (DAY) 26 D. TIME (MANTH) (DAY) 27 D. TIME (MANTH) (DAY) 28 D. TIME (MANTH) (DAY) 29 D. TIME (MANTH) (DAY) 21 D. TIME (MANTH) (DAY) 21 D. TIME (MANTH) (DAY) 22 D. TIME (MANTH) (DAY) 23 D. TIME (MANTH) (DAY) 24 D. TIME (MANTH) (DAY) 25 D. TIME (MANTH) (DAY) 26 D. TIME (MANTH) (DAY) 27 D. TIME (MANTH) (DAY) 28 D. TIME (MANTH) (DAY) 29 D. TIME (MANTH) (DAY) 21 D. TIME (MANTH) (DAY) 22 D. TIME (MANTH) (DAY) 23 D. TIME (MANTH) (DAY) 24 D. TIME (MANTH) (DAY) 25 D. TIME (MANTH) (DAY) 26 D. TIME (MANTH) (DAY) 27 D. TIME (MANTH) (DAY) 28 D. TIME (MANTH) (DAY) 29 D. TIME (MANTH) (DAY) 21 D. TIME (MANTH) (DAY) 21 D. TIME (MANTH) (DAY) 22 D. TIME (MANTH) (DAY) 23 D. TIME (MANTH) (DAY) 24 D. TIME (MANTH) (DAY) 25 D. TIME (MANTH) (DAY) 26 D. TIME (MANTH) (DAY) 27 D. TIME (MANTH) (DAY) 28 D. TIME (MANTH) (DAY) 29 D. TIME (MANTH)	RELATED TO THE RELATION PERFORMED DATE 10 11 12 13 14 11 12 15 15 12 18 18 18 18 13 18 18 18 14 18 18 18 15 18 18 18 16 18 18 18 17 18 18 18 18 18 18 18	20A. AUTOPST (Yes at No. 20B. IF YES, WE IN CERTIFYING g., in or obout 21C. WHERE DID affice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Vhile ork 10/28/65 19 ta 19 and that in(my) (our) t) view the bady after death.	opinion death accurred an the
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MEDICAL CERTIF	UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OF CONDITION CAUSII 19A. DATE OF OPERATION 198. WAS 21 A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (natify medical examine) 21 D. TIME (Manth) (Day) (1) OF INJURY (APPRDX) 22. I certify that (I) (this hose that (I) (we) last saw the deci	RELATED TO THE RELATION PERFORMED BY LACE OF INJURY (e. hame, form, factory, street etc.) (ear) (Hour) 21E. INJURY OCCURRED While At Wark At Wark eased olive on 11/5/6 Gibbons M	20A. AUTOPSTY (Yes at No. 20B. IF YES, WE IN CERTIFYING g., in or obout 21C. WHERE DID affice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While ork 10/28/65 19 ta 19 and that in(my) our t) view the bady after death. Attending Med. Staff Phys. Director Phys. 123D. ADDRESS D. The Johns Hopkins F	more City, give exact location) 11/15/65 19 opinion death accurred an the 23B. DATE SIGNED 17-15-65 Hospital
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VS 150 NOV 1.7 1965

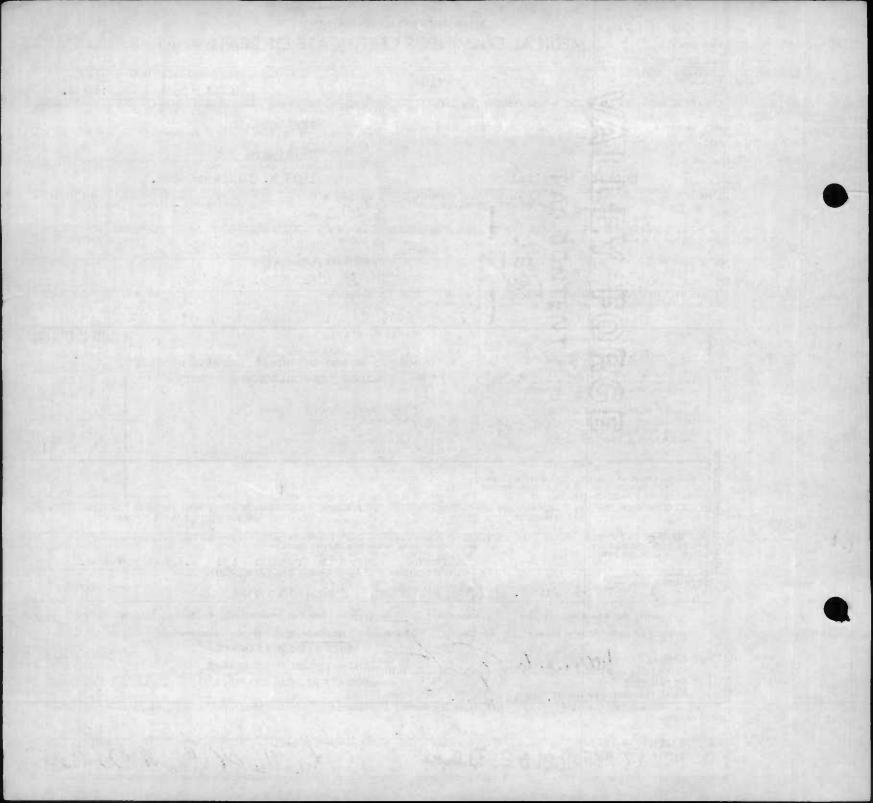
25C. FUNERAL DIRECTOR Zannino 257

ADDRESS S,



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65 3	11733	BALTIMORE CITY HEA	CEDITIES ATE OF DEATH PRINCE NO. 65 11733
BIRTH NO.	MED	ICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.			
Type or Print	BEN	JAMIN BRYANT	2. DATE AND HOUR PRONOUNCED DEAD
2 DI ACE IN BAI		HERE PRONOUNCED DEAD	11/13/65 3:10 a. M. [4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
J. FEACE III DAE	. IIIIIOKS, IVIAKIEAIID, W	THERE PROMOTINGES DEAD	A. STATE B. COUNTY
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION			Baltimore
27			D. STREET ADDRESS (If rurol, give locotion)
	Hopkins Hos	pital	1505 N. Lakewood Ave.
s. sex male	6. RACE colored	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	6-25-22 9. AGE (In years lost birthday) 43 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of working life, even if retired)	NOR KIND OF BUSINESS OR INDUSTR	RY11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dane during most of	working ille, even it retired)	CRANE OPERATOR	TARBORO, NORTH LOROLINA
13. FATHER'S NA	. ()		14. MOTHER'S MAIDEN NAME
		LyanT	LILLIE DRAUGHN
	ED EVER IN U.S. ARMED	es of service) SECURITY NO.	17. INFORMANT ADDRESS AW
		246-40-543	TO OLGA BRYANT- WIE 1505 NAKEWOOD
18.	981 Xi	CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DE	RECTLY	gun wound of chest involving heart,
(This does	not mean the made of		aorta and pulmonary artery
injury or co	e, osmeno, etc. Il meons emplication which caused	deoth.)	July 1 miles parameters of the control of the contr
	ANTECENDENT CAUSE	ES	
DISEASES	OR CONDITIONS, IF A	ANY, GIVING DUE TO	
UNDERLY	ING CONDITION LAST.	(C)	
NOTHER SIG	II II	(0/	
OTHER SIL	SNIFICANT CONDITIONS		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEATH BUT NOT RE OR CONDITION CAUSING		
19A. DATE O	F OPERATION 19B, CON WAS PER	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O UNDERLYING UTING CA	CAUSE WAS	218, PLACE OF INJURY (e.g., home, form, foctory, street,	, in or obout 21C. WHERE DID (II in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UTING □ CA	USE OF DEATH.	street	in front of 1313 N. Lakewood Ave.
21D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)	11 13 65 2	OOa. m. WHILE AT NOT	WORK shot in chest
22.	rtify that I held an I	nquiry Inspection A	utapsy X and that an this basis, death in my apinion
resu	lted fram: Natural ca		de Hamicide X Undetermined manner
		. / . / _	CHIEF MEDICAL EXAMINER
ACTUA SIGNA		249	DATE SIGNED
EXAMI		M. C	ASSOCIATE MEDICAL EXAMINER 11/13/65
NAME	(Type) Werner U.	Spitz, M.D.	
23A. BURIAL CR REMOVAL (Speci		23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
		ledar (neve, Cedar Crane n.C
24A. DATE REC'I	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NOV	17 1965 02	Zert E. Farbija	W. Juston & Sand my
VS 151-REV. 1/1	165 N879.4	- 5 Dem	4-0-3-4-3



BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Myrtle V. Digges 2. DATE AND HOUR OF DEATH NOV. 15/65 4. USUAL RESIDENCE (Where deceased lived, If institution: residence by the coddress or location) FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital C. CITY OR TOWN (If outside city limits, write RURAK and give town) Elicott City, Md. D. STREET ADDRESS (If rural, give location)	
TI, NAME OF DECEASED (Type or Print) Myrtle V. Digges 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital 2. Date and Hour Of Death Nov. 15/65 4. USUAL RESIDENCE (Where deceased lived. If institution: residence be a STATE Md. C. CITY OR TOWN (If outside city limits, write RURAN and give low) Ellicott City, Md. D. STREET ADDRESS (If rural, give location)	<u> </u>
FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence be a STATE A. STATE Md. C. CITY OR TOWN (If outside city limits, write RURAL and give town by the state of the	
FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital St. Agnes Hospital D. STREET ADDRESS (If rurol, give location)	
HOSPITAL OR INSTITUTION St. Agnes Hospital C. CITY OR TOWN (If outside city limits, write RURAl and give town Ellicott City, Md. D. STREET ADDRESS (If rural, give location)	efore odmissio
St. Agnes Hospital Ellicott City, Md.	nship)
	-00
264 Millbrook Road	
emale White 7. Married, Never Married Widowed, Divorced (specify) April 5/97 8. Date Of Birth Post birthdoy) 68	Under 24 H ours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) H.W. Own Home Balto. Md.	TRY?
3. FATHER'S NAME . 14. MOTHER'S MAIDEN NAME	-
Edwin Watson Carolina Hess	
	_
5. Wos Deceosed Ever in U. S. Armed Forces? Tes, no or unknown) (II yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Ellicott City, Mo	ok Rd
18. 4 2 0 . I INTERVAL	BETWEEN
DISEASE OR CONDITION DIRECTLY	ND DEATH
LEADING TO DEATH	ONA
(This does not mean the made of dying, e.g., DUE TO	-Collin
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.)	
ANTECEDENT CAUSES BUT TO DUE TO DUE TO	
DISEASES OR CONDITIONS, if any, giving	to.
rise to the above cause (A) stating the (C) THE FRI LECTION (C)	400
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT. 194-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDE	DED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH?	KED
OR CONTRIBUTING CAUSE OF home, fortory, street, office bldg., INJURY OCCUR?	cotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not While At Work At Work	
22. I certify that (1) (this begital) attended the deceased from Musich 167 to Nov. 15	10/05
10 11 1-	1960
that (1) (we) last saw the deceased alive an 1905 and that in (my) (our) apinian death accurre	ed on the
and your and from the causes stated abave. (1) (150) (dtd) (did not) view the bady after death.	
23A/SIGNATURE 23B, DATE/SIGNED	100
Med. Stoff	6.5
Phys. Director Phys. MASS MASS MID	0
23C. PHYSICIAN'S NAME (Type) M.D. BALTIMORE NAT'L. PIKE & ST. JOHN'S LANE ELLICOTT CITY, MD.	
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24B-LOCATION EADI (City, town, of county)	(Stote
Parasid and topoutly	
25A, DATE REC'D BY HEALTH DEPT. 125B, NAME OF REGISTRAR 125C, FUNERAL DIRECTOR ADDR	ESS
NOV 17 1965 P. P. F. E. Fallent Witzke F.D. 4101 Edmondson A	v e
/S 150-REV. 1/1/65	

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BALTIMORE CITY HEALTH DEPART	MENT OF AARION
BIRTH NO. 65 11735 CERTIFICATE OF DEA	ATH Registered No. 65 11735
	DATE AND HOUR OF DEATH
(Type or Print) Rebecca Mack	11/14/65-12-AM
A. USUAL RESIDEN A. STATE	B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	to. Md. 1502
INSTITUTION Oddress or location)	(If ourside city limits, write RURAL and give Township)
Reltingie City Hospital D. STREET ADDRES	SS (If rural, give location)
4940 Eastern Avenue 21224 231	7 Linden Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (specily)	9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
F N Married 3/14/	96 69
10A. USBAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Skind one during most of working life, even if retired)	ote ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife South	Carolina U.SH.
3. FATHER'S NAME	I NAME
S. Wos Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT	hael
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS
No BCH	intormation Sheet
18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Carcino ma	of cervix July 64 - Nov
(This does not mean the made of dying, e.g., DUE TO	
injury or complication which caused death.)	5 15
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the (C)	
UNDERLYING CONDITION loss.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE None	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHE	(Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	
OR CONTRIBUTING CAUSE OF home, form, factory, street, affice bldg., INJURY O	RE DID (If in Boltimore City, give exact locotion) CCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW	/ DID INJURY OCCUR?
OF INJURY While At Not While	TO MOUNT OCCUR.
Work L AT WORK L	7 1065 November 14 - 1-
22. I certify that (I) (this hospital) attended the deceased from June 1 that (I) (we) last sow the deceased alive on November 14 19 65	7 19 65 to November 19 65 on the dote
and hour and from the causes stated above. (I) (We) (did) did not) view the body after	
23A. SIGNATURE	23B. DATE SIGNED
Albert As a major M.D. Attending Med Phys.	cor Phys. 9 1/14/65
23C, PHYSICIAN'S 23D. ADDRESS NAME (1996)	17/11-7-16-5
Dr. Jeffrey Aaronson M.D. Ratte	more City Hasnite!
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24D. LOCATION (City, town, or county) (Stote)
Burial "/18/65 Mt Calvery	Brooklyn md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNDRALL	DIRECTOR ADDRESS
NOV 17 1965 Robert E. Jankey M. Char	iles affice 661W ISANTES

VS 150-REV. 1/1/65

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An accident

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to the hospital

any nature;

10

CERTIFICATE OF DEATH

M.E. CASE NO.	00 11.00	CERTIFICATE
		Faulconer
3. PLACE OF DEATH IN BA	TIMORE, MARYLAND	4. US

2. DATE AND HOUR OF DEATH UAL RESIDENCE (Where deceased lived, If institution; residence before admission

ILL NAME OF DSPITAL OR STITUTION	(If not in hospital or institution, give street oddress or location)	

C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimofe

(If rurol, give location)

The Johns Hopkins Hospital

4204 Underwood Road

5. SEX	6. RACE	7. MARRIE
M	W	1
IOA, USUAL O	CCUPATION (Give kind of	work 10B. KIND

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 8-4-26

D. STREET ADDRESS

9. AGE (In years If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours

done during most of working life, even if retired) Physician

Medical

Maryland 14. MOTHER'S MAIDEN NAME

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY? USA

3.	FATHERS	NAME

Yes

Josephine Faulconer

777	ewe	∋Τ	TA	n	TO	r	a
			_			_	_

SECURITY NO.

OF BUSINESS OR INDUSTRY

213-32-7033 Charlotte Ober Lord

ADDRESS Above

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(Yes, no or unknown) (If yes, give wor or dates of service)

(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION last.

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

20 A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

21B PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

(If in Baltimore City, give exact location)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined

21 E. INJURY OCCURRED

21 F. HOW DID INJURY OCCUR?

(APPROX.)

(Month) (Doy) (Year) (Hour)

While At

Not While At Work

22, I certify that 🔊 (this haspital) attended the deceased from that 🕼 (we) last saw the deceased alive an...

and that in(my) (aur) apinian death accurred an the date

and hour and from the causes stated abave. 🖅 (We) (did) (did-net) view the bady after death. 23A, SIGNATURE

HYSICIAN NAME (Type 23C. HYSICIAN'S

Attending Phys. M.D. 23D. ADDRESS

23B. DATE SIGNED

24A. BURIAL CREMATION, 24B. DATE

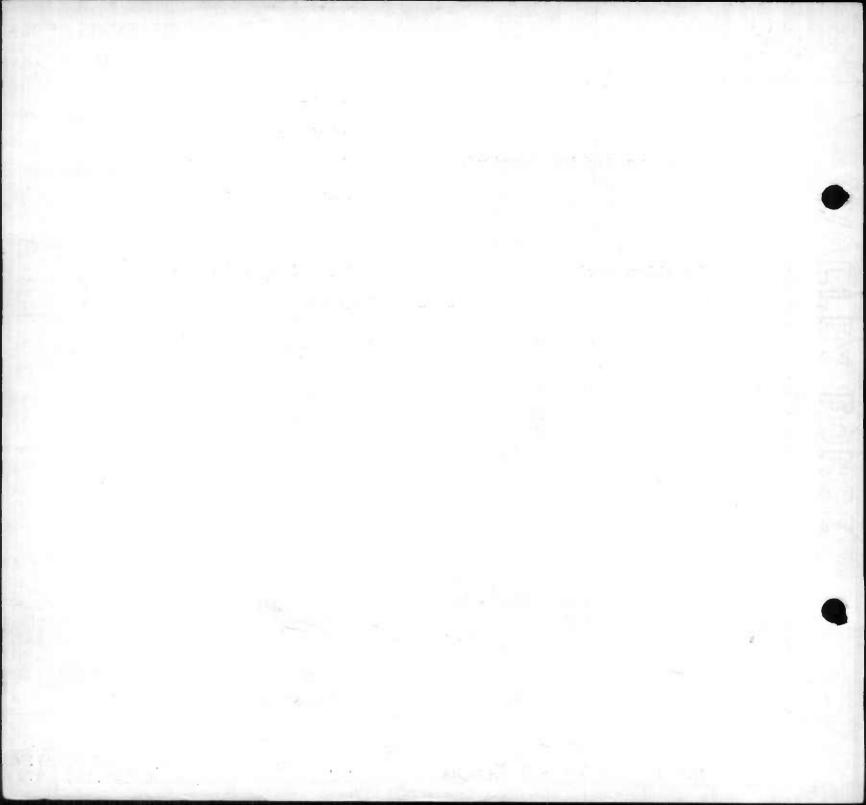
REMOVAL (Specify)

11-18-65 Druid Ridge

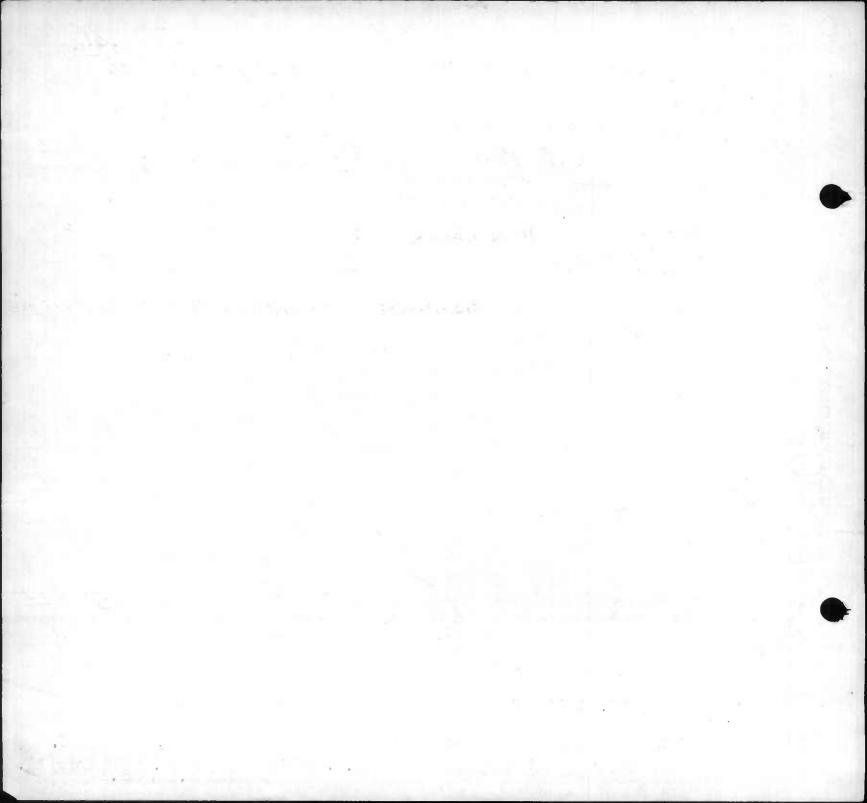
Pikesville

Md.

& Sons Co.4905 York Rd. 25C. FUNERAL DIRECTOR



		BALTIMORE CITY HEA	LTH DEPARTMENT	
П	BIRT	IRTH NO. CERTIFICATE	OF DEATH Registered No.	777
		A.E. CASE NO. NAME OF DECEASED.	2. DATE AND HOUR OF DEATH	(3/
1		Type or Print) Oler Routha May	6.30 D.M NOV. 15 16	7- "
- 1	3. P		ISUAL RESIDENCE (Where Deceased fived. If institution: res	idence before odmission)
			Baltimore Mary la	240
	F	FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR address or location)	CITY OR TOWN & outside city limits, write RORAL and	give township)
	- 11	union memorial Hospital	Ra Ottimore 12	e Ma
4	4	D. S	STREET ADDRESS (If rurgh, give loggition)	53-110
./	(Colvert street, Bultimore MOIR	608 Regester Hvenue	
3	5. S	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DA	ATE OF BIRTH 9. AGE (In years If Under	1 Yr. , If Under 24 Hrs.
	-	formule whate widowed, divorced (specify)	F/2.5/00 lost birthdoy Months	Doys Hours Min.
2	IVA.	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. B	BIRTHPLACE (State or foreign country) 12. CITZE	N OF
5	done	ane during most of working life, even if retired)		COUNTRY?
	12 (Retired HOMEMAKER L	MOTHER'S MAIDEN NAME	S. H.
	13.1	3. FATHERS NAME		A-
2		Damuel 11. 01e	Florence E. Whea	(
	15, \ (Yes	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. 1/1N Yes, no or unknown) (III yes, give wor or dates of service) SECURITY NO.	NFORMANT	ADDRESS
			RS.GE. MEKEWEN, 807 & BO	ELVEDERE HIE
		1B. / 20 X CAUSE OF DEA	ATH	ITERVAL BETWEEN
2		DISEASE OR CONDITION DIRECTLY		NSET AND DEATH
		LEADING TO DEATH	ast Cancer advanced	
		(This does not mean the mode of dying, e.g., DUE TO heart loilure, asthenia, etc. It means the disease,	,	
2		injury or complication which coused death,)		
5		ANTECEDENT CAUSES (B)	***************************************	
0		DISEASES OR CONDITIONS, il ony, giving		
2		rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION lost.		
		11		
	NO	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	tal fraction loif Ken.	
	ATION	DISEASE OR CONDITION CAUSING IT.	car Traclare loft fem	nd neck
	FF	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	OA. AUTOPSY? (Yes or No.) 20B. IF YES WERE FENDINGS (IN CERTIFYING CAUSES OF D	ONSIDERED
0	ERTIFI	2 year for Breat cancer mostritory	No	
5	0	OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF	blout 21 C, WHERE DID (II in Boltimore City, give bldg., INJURY OCCUR?	exact lacation)
8	0	0		
3	ш	OF INTURY	21F. HOW DID INJURY OCCUR?	
	Z	(APPROX.) While At Work At Work		
5		22. I certify that (1) (this hospital) attended the deceased from	011 19 19 6C10 NOV	100 10 63
2		that (N) (we) lost saw the deceased alive on NOV	19 and that in (m) (our) apinion death	occurred on the date
2		ond hour and from the couses stated obove. (1) (We) (dtd) (did not) view t	9	occurred on the dore
2		23A. SIGNATURE	the body offer deoth. 238. DATE	SIGNED
		M.D. Attending	Med. Stoff,	-1C-/i-
5		Phys. Physicians	Director Phys.	H 6
		NAME (Type)		
7			nion Memorial Hospital	
3	24A	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATO	ORY 24D. LOCATION (City, town, or	county) (State)
	B	Burial 11/19/1965 Loudon Park	Baltimore,	Mat.
	25A	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2	SC. FUNERAL DIRECTOR	ADDRESS
3		NUV 17 1965 Robert E, tarken	H.W. Jenkins & Sons Co. 190 Balto 12. Mar	95 York Rd.
	VS	'S 150-REV. 1/1/65		



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	6	5 117	738		BALTIMORE CITY HEAD	TH DEPART	MENT		OF A	5000	
RIPT	H NO.	الملل ال		CALEX	AMINER'S C	FRTIFIC	ATE OF	FATH Register	GO No.	1738	
	CASE NO.		MILDI		AMII TER O C		AIL OI L	JEATH W.			
î. I	NAME OF DEC	EASED	ORCAL	LIE	BROWN (GUS	TERS)		mber 14, 19		3:30	P. M
3. P	LACE IN BALT	IMORE MARY	LAND, W	HERE PRONOL	JNCED DEAD	4. USUAL F	RESIDENCE (Where	deceased lived. If insti	tution: resid	ence before ad	lmi s sion)
HO	L NAME OF	(IF NOT I	N HOSPITA	L OR INSTITUTION)	JTION, GIVE STREET	I	Maryland TOWN (II outside	e carparate limits, write	RURAL an	d give tawnshi	O'3
-		77.0			S. M. E. H. E. H. E.		Baltimore		1 - 10		
7		PROV.	LDENT	HOSPITA	\L		ADDRESS (If rurol,				
5. S	EX	6. RACE		7. MARRIED,	NEVER MARRIED	B. DATE OF		9. AGE (In years		1 Yr. If Under	
	Male	Noar	0	WIDO WED,	DIVORCED (specify)			lost birthdays	Months	Doys Hours	Min.
10A		Negro		SING TOB. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPL	ACE (State or foreig		12. CITIZE		
	during most of v					Aust	IN TO	XAS	WHA	SA.	
13.1	ATHER'S NAM	E				14. MOTHER	S MAIDEN NAM	E	44	9,,,,	
	u	NK.					UNK				
	WAS DECEASE				16. SO CIAL SECURITY NO.	17. INFORM	ANT		ADDRESS	=======================================	
	u NK.	in yes, give	war or gale	2 OI SEIVICE/	211-12-7290	Mes De	R. PASON	1015 Elm	Ave.	WARD	TOXA
	1B. //	221			CAUSI	OF DEATH	0.11.30	7010 -	1	INTERVAL BE	TWEEN
	-	SE OR COND	DITION DI	PECTI Y					43.6	ONSET AND	DEATH
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	mijory or cor	npheonon white	cii coosea i	Deoille)					2.47		
		OR CONDITI			(B)DUE TO						
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Z	ONDERLIN	10 CONDIN	ON LASI.		(C)						
S		11							(C.10)		
ERTIFICATION		DEATH BUT									
RTIF	DISEASE O	R CONDITION			WHICH OPERATION	20A ALIT	OPSY7 (Yes or No)	20B, IF YES, WERE FIL	VDINGS C	ONSIDERED	
CE	O DAIL OF	OFERATION	WAS PER		WINCH OFERATION	200. 201	No	IN CERTIFYING CAUS			
¥	21 A. EXTERNA			21 B.	PLACE OF INJURY (e.g.,	in ar about 21	C. WHERE DID	(If in Boltimore City, gi	ve exoct la	cation)	
EDIC	UNDERLYING			etc.)	e, farm, factory, street,	office bldg., IN	IJURY OCCUR?				
M	21D TIME	(Month) (D	Doy) (Yeor) (Hour) 2	TE. INJURY OCCURRED	21	F. HOW DID INJU	JRY OCCUR?			-
	(APPROX.)					WHILE					
	22.				WORK L AT V						
		tify that I he				tapsy 🗌		is basis, death in m			
	resul	ted fram: N	atural car	uses A	Accident Suicid		the second secon	Undetermined manne	er		
	ACTUA	L /	1. 1	00 80	- 1		F MEDICAL EX			DATE SIG	NED
	SIGNAT	URE	Cust.	() 0	MILLE M.D	•	T MEDICAL EX			11-15-65	
	EXAMIN NAME (Rus	ssell S	. Fisher, M.D		TE MEDICAL EX	AMINEK	17.31		
23/	BURIAL CRE		B. DATE		C. NAME of CEMETERY		RY 23D. L	OCATION (City,	town, ar c	ounty) (State)

-65 Evergreen Cem. Austin
24B. NAME OF RECORTAR 24C. FUNERAL DIRECTOR

MORTON + DyeTT

Te+AS
ADDRESS

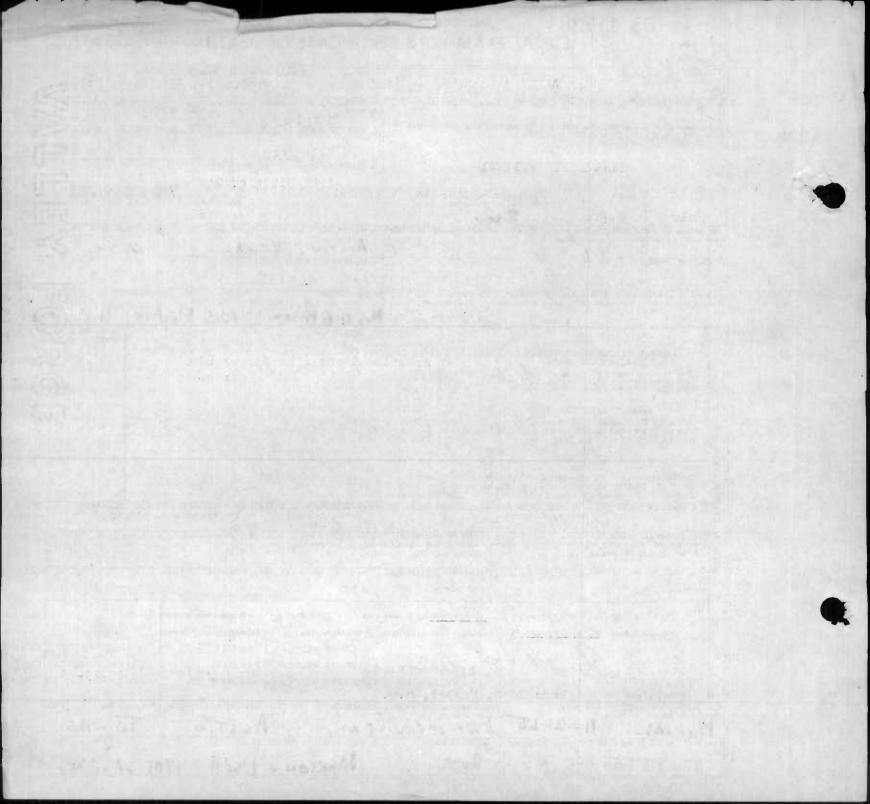


23A. BURIAL CREMATION, 23B. DATE
REMOVAL (Specify)

11 - 21 - 65

24A. DATE REC'D BY HEALTH DEPT. 24B. N.

NOV 17 1965 Robert E. Farbert



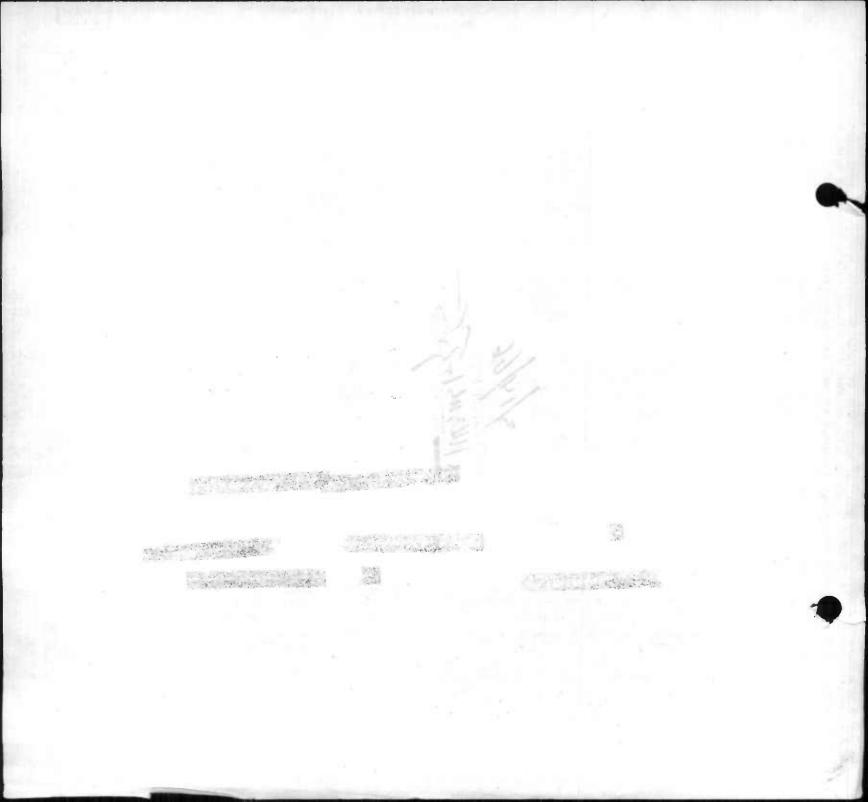
of death

Also, if the direct or contributing cause

the body was released to the hospital by a medical examiner.

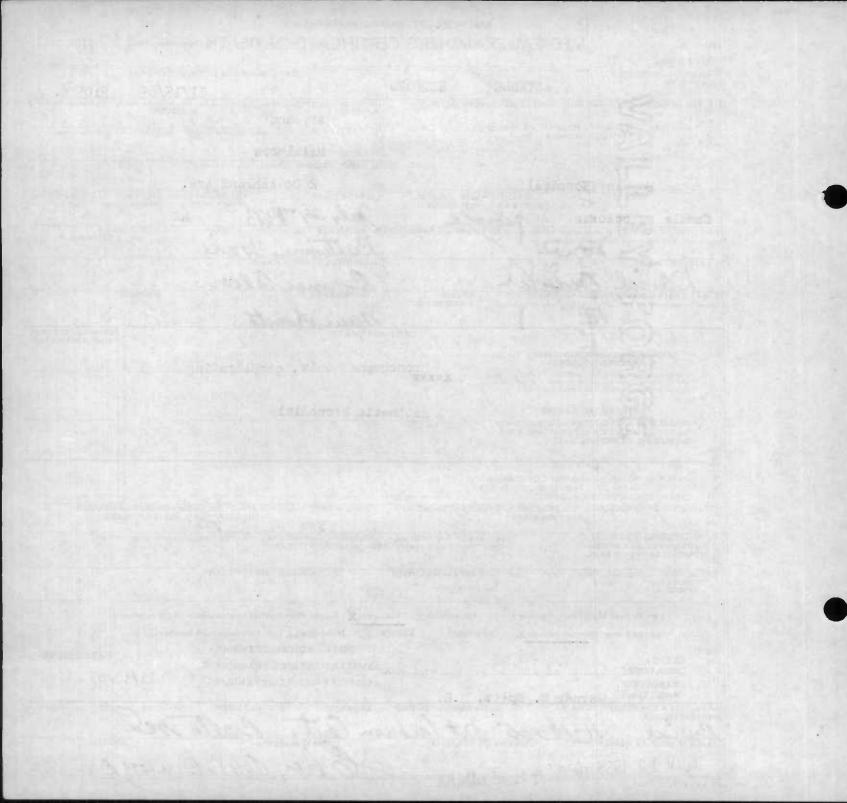
VS 150-REV. 1/1/65

	BALTIMORE	CITY HEALTH DEPARTMENT	65 11739
	TH NO. CERTIFI	CATE OF DEATH Registered No.	
1.1	E CASE NO.	2. DATE AND HOUR OF DEATH	
Пу	pe or Print) (9) Son from (5	8'.000im	14 11/24 65 M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)
	FILLI NAME OF All part in bossited as instituting and the	M = C 3 h	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
m	INSTITUTION	2-11 most	12 113
X	Maintagid No.)1	D. STREET ADDRESS (If rurol, give location)	11-0-
4	University (2050-2)	725 Choxxx St	
5. 5	SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGA (In years	If Under 1 Yr., If Under 24 Hrs.
	WIDOWED, DWORCED (specify	1800 Jost birthday)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDL	JSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
don	during most of working life, even if retired)		WHAT COUNTRY?
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
5.		MOTITER'S MIGHER HAME	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
	> 5	CHoot	
	18.434.11 CAU	SE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, 43). Heati failure, astherio, etc. It meons the disease, injury or complication which coused death.)	ONSET AND DEATH
	LEADING TO DEATH	espiralon-Coodine AIRES	15 Mine
	(This does not meon the mode of dring, e.g., heart failure, asthenio, etc. Il meons the disease,		/
	injury or complication which coused death.	In sall a lbak Taillat	1.
	ANTECEDENT CAUSES	Bridgestive pool tolling.	***************************************
	DISEASES OR CONDITIONS, if ony, giving		1, 1, 3
	UNDERLYING CONDITION lost.		1 1 1 1/2
	401		1,011
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1 1 1	1 1
ATIO	TO THE DEATH BUT NOT RELATED TO THE		1 2
SIC	19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 200: Il TES, WERE	FINDINGS CONSIDERED
RTIFIC	WAS PERFORMED	IN CERTIFYING CA	AUSES OF DEATHS
CE	21A. ACCIDENT WOUNDERLYING 21B. PLACE OF INTURY!	e.g., in or obout 21 C. WHERE DID (If in Boltimo	re City, give exact location)
CAL	DEATH (notify medicar examiner)		
	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR.	-
MEDI	(APPROX.) While AI Not	Whit	0
	Work Al	Work	PIE WILL AND
	22. I certify that (I) (this haspital) attended the deceased from	750; 14HD1 19 69 10	0.15 11411 19 65.
	that (1) (we) last saw the deceased alive an 14 HDV b	and that in (my) (aur) ap	Inian death accurred an the date
	ond hour and from the causes stated abave (1) (We) (did) (did n	at) view the bady after death.	
	23A. SIGNATURE		23B. DATE SIGNED
	Sulling (KNOLO: M.D.	Attending Med. Stoff Phys.	4 WDV 65
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	11110000
		M.D. [[Milo black 15	Ha
244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY o	CREMATORY 24D. LOCATION (C	ity, town, or county) (Stote)
	REMOVAL (Specify)	0 0 0	AAA
254	DURITH 11-20-65 MT, CA. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR	1 VA TY H. H. CO.	ADDRESS
-	NOV 17 1965 P. P. A. E. Fallerin		ADDRESS
	MAN TI 1200 (Il Ass IL S' LOPINSOLIN	MORTON & LYELL	1101 LAUTENS



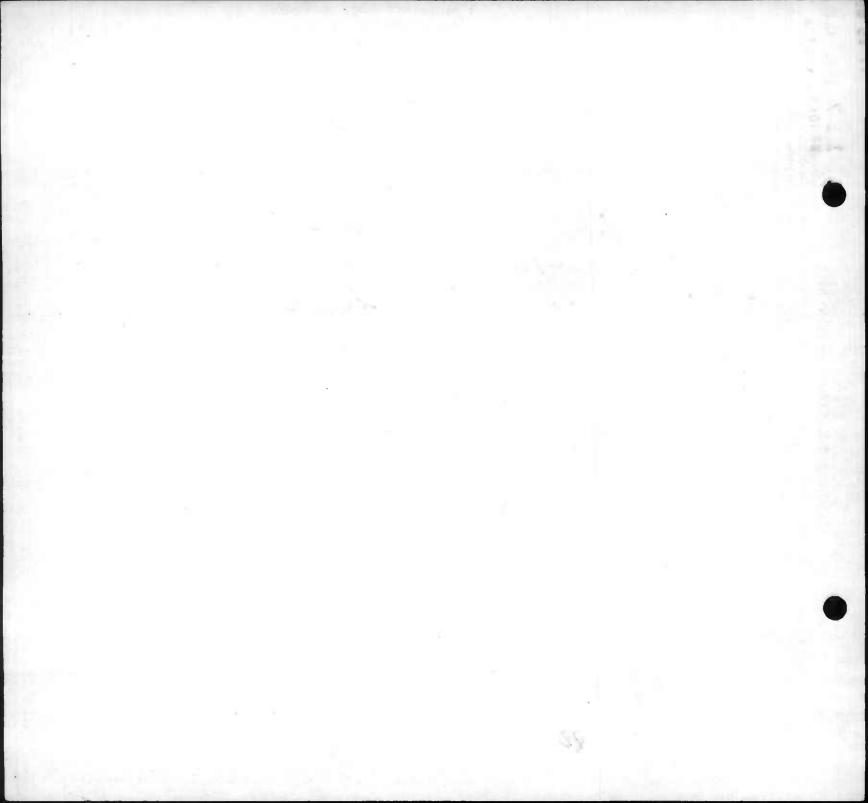
B-316

BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICATE (OF DEATH R	egistered No.	1740
M.E. CASE NO.	CEASED			2. DA	TE AND HOUR PRON	DUNCED DEAD)
(Type or Print)		ESTELLE	BEDFORD		17	/15/65	1 9:05 p. N
3. PLACE IN BALT	TMORE, MARYLAND, W	HERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE		If institution: res	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	ION, GIVE STREET	C. CITY OR TOWN (I		s, write RURAL	ond give township)
NOITUTITEN				Balti		7-	04
3				D. STREET ADDRESS			
S. SEX	lopkins Hospi		IEVER MARRIED	R. DATE OF BIRTH	Ashland Ave		er 1 Yr. If Under 24 Hr
female	colored		VORCED (specify)	July 24 -	1923 lost birthdo		Deys Hours Min.
	PATION (Give kind of wer working life, even if retired)	kIQE KIND OF	BUSINESS OR INDUSTR	BUTTIMES (State)	er foreign country)		ZEN OF AT COUNTRY?
3. FATHER'S NAM		7		14. MOTHER'S MAIDEN	NAME		100
Das	ul Bul	Greek		Bernee	allow		
	D EVER IN U.S. ARMED		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	SS
out the outer of the outer	n	0.0141607		man de	neth	Son	12
1B. 11 G	1 V.		CAUSI	OF DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	INTERVAL BETWEEN
DISEA	CE ON CONDITION D	INFO TO V					ONSET AND DEATH
DISEA	SE OR CONDITION DE		Danama	hammanmanda			
(This dees	not meen the mode of	dying, e.g.,	(A) BIONC	hopneumonia,	compricatin	g	
heart feiture,	, osthenie, etc. It meons mplication which caused	s the discose, deoth.)	Julian.				
A	ANTECENDENT CAUS	ES	(R) Asthm	atic bronchit	is		
DISEASES	OR CONDITIONS, IF A	ANY, GIVING	DUE TO				
UNDERLYIN	NG CONDITION LAST.	TAINO THE					
Z			(C)				•
Ĕ	П		DI WAR I				
C TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE IR CONDITION CAUSING	LATED TO TH		mm	****		•••••••••••
19A. DATE OF	OPERATION 198. CON	NDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	er Ne) 20B, IF YES, WIN CERTIFYING	ERE FINDINGS	
Z 21A. EXTERNA	L CAUSE WAS	21B. PI	LACE OF INJURY (e.g.,	in or obeut 21C. WHERE	DID (If in Beltimere	City, give exect	locotion)
UNDERLYING DEAU	JOR CONTRIB-	heme,	ferm, foctory, street,	effice bldg., INJURY OCC	UR?		
T .					D INJURY OCCUR?		
OF INJURY	(Month) (Doy) (Yee		E. INJURY OCCURRED		D INJURI OCCUR!		
(APPROX.)		m. W		WHILE ORK			
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resul	Ited from: Notural co	uses X Ac	cldent Sulcla	le Homicide	Undetermined	monner	
9 - 9-5			1	CHIEF MEDIC	AL EXAMINER		DATE CICHED
ACTUA		211.6	7 - (ASSISTANT MEDIC	AL EXAMINER X		DATE SIGNED
SIGNAT			M.D	•		11/	16/65
EXAMIN NAME (Tunal an	II Code	MD	ASSOCIATE MEDIC	AL EXAMINER		
23A. BURIAL CRE	17101		NAME of CEMETERY	er CREMATORY	23D. LOCATION	(City, town, og	cgunty) (State)
REMOVAL (Specif			h 6 1 1	0+	1 17	7	/
Buria	11-19	-1965	Int hely	un (dul	Balle	1/ex	-
24A. DATE REC'D	BY HEALTH DEPT.	248 NAME C	F REGISTRAR	24C. FUNERAL DI	RECTOR	4	ADDRESS
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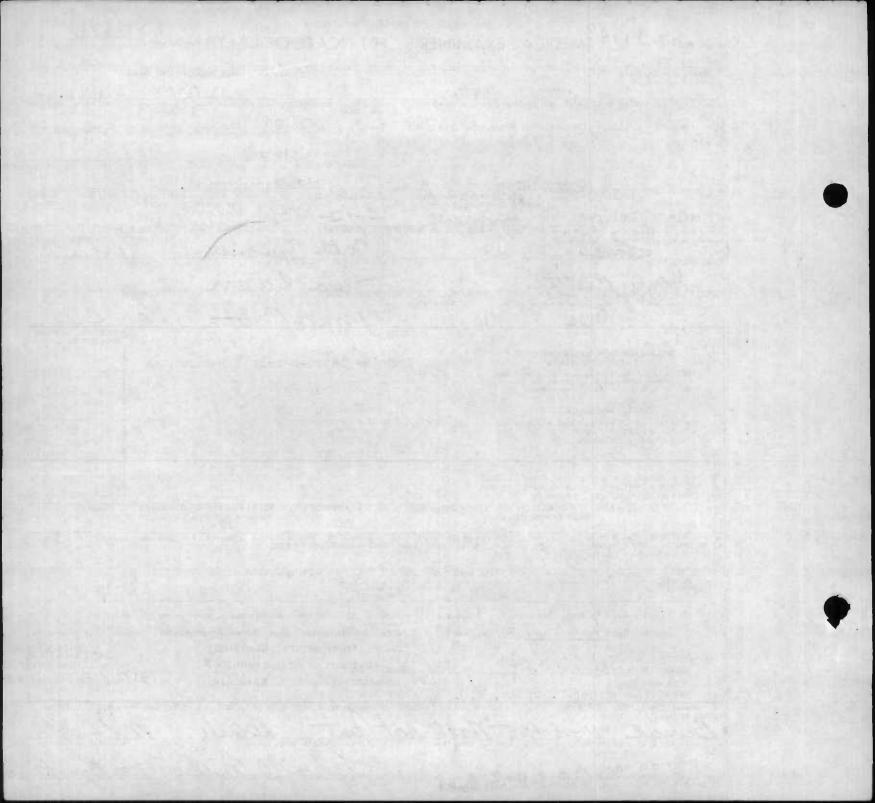


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		SCE	bo	S.M.	SD	90	tte
		This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🖰 👝	MO	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

	AME OF DEC		ER BROOKS	2. DATE	11-15-65	10.00P
3. P	LACE OF DEA	WAL I		II4 IISHAI PESIDENCE (W		institution: residence before admission
F	FULL NAME OF HOSPITAL OR NSTITUTION		ir institution, give street	MARYLAND 8. CO	DUNTY	RURAL ond givo fownship)
3	THE JOH	HNS HOPKINS	HOSPITAL	D. STREET ADDRESS	(If rural, give location)	
	PU	Tr. DAGS	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	T W 10 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	ALE	NEGRO	MARRIED (specify)	10-28-16	lost birthdoy)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
		JPATION (Give kind of work) working life even it retired)	10B, KIND OF BUSINESS OR INDUSTR	Buttering	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	ME	1	14. MOTHER'S MAIDEN	NAME	
	m	les Broom	Ro	mamio	7	
		Ever in U. S. Armed Forc		17. INFORMANT		ADDRESS
1 6 3	and of Unknawn	(If yes, give war ar dates	s of sorvice) SECURITY NO.	Lan Bu	7/20-255W	lu + 11
	18. // //	no	CAUSE	OF DEATH	1-100 - 13 3 W	INTERVAL BETWEEN
		asthenia, etc. It means plication which caused	death)			
AL CERTIFICATION	DISEASES (rise la th- UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19A-DATE OF 21A-ACCIDE OR CONTRIBL	ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) G CONDITION lost. II IFICANT CONDITIONS CONDITION RELATED TO AUSING TO AUSING TO PERATION 1988. CONDITION CAUSING TO PERATION 1988. CONDITION CONDIT	death.) (8) Ma. DUE TO DUE TO Iny, giving slating the (C) ONTRIBUTING TED TO THE I. DITION FOR WHICH OPERATION ORMED		No) 20B. IF YES, WERE IN CERTIFYING CA	S Approx 1 yes FINDINGS CONSIDERED AUSES OF DEATH?
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CAL C	DISEASES (rise la th UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21Ai ACCIDEI OR CONTRIBL DEATH (notify	ANTECEDENT CAUSES OR CONDITIONS, if a be obave cause (A) GONDITION lost. II FICANT CONDITIONS CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT OPERATION CAUSING IT	death.) (8) Manual Man	20A. AUTOPSY? (Yos or YES, in or obout 21C. WHERE DID office bldg., INJURY OCCUR	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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EDICAL C	DISEASES (rise to the UNDERLYING) OTHER SIGNITO THE DIDISEASE OR 19A-DATE OF CONTRIBLE OF INJURY (APPROX.) 22. I certify that (1) (wa) and hour and	ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) of CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING IED TO THE INTERPOLATION 21B. PLACE OF INJURY (e.g., hamo, form, factory, stroot, etc) (Hour) 21E. INJURY OCCURRED While At Work At Work	20 A. AUTOPSY? (Yos or YES, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact lacotion) 11/15 19 6.5
EDICAL C	DISEASES (rise la th UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (wa)	ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) of CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING STED TO THE CONTRIBUTING STED AUTORITION AND AUTORITION ORMED ONTRIBUTING STED ONTRIBUTIO	20 A. AUTOPSY? (Yos or YES, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
EDICAL C	DISEASES (rise to the UNDERLYING) OTHER SIGNITO THE DIDISEASE OR 19A-DATE OF CONTRIBLE OF INJURY (APPROX.) 22. I certify that (1) (wa) and hour and	ANTECEDENT CAUSES OR CONDITIONS, if a be obave cause (A) GONDITION lost. II FICANT CONDITIONS CONDITIONS CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT (Mas UNDERLYING DITION CAUSE OF modical examines) (Month) (Doy) (Yoor) that (I) (this hospital) last saw the deceased of fram the causes state	ONTRIBUTING TED TO THE Introduction of the control	20A. AUTOPSY? (Yos or YES, in or obout 21C. WHERE DID office bidg., INJURY OCCUR 21F. HOW DID hile 1965 and view the bady after death of the hys. Med. Diroctor 1973. ADDRESS Johns Hopk	INO) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact lecotion) 11/15 19 65 pinian death accurred an the company of the c
WEDICAL C	DISEASES (rise to the UNDERLYING) OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 1APPROX.) 22. I certify that (I) (wa) and haur and 23A. SIGNATE OR NAME (I) BURIAL CRE REMOVAL (REMOVAL)	ANTECEDENT CAUSES OR CONDITIONS, if a be obave cause (A) GONDITION lost. II FICANT CONDITION SCIENT NOT RELANCONDITION CAUSING IT OPERATION 198. CONT WAS PERFORM IT WAS UNDERLYING DITIONS OF CAUSE OF Modicol examines) (Month) (Doy) (Yoor) that (I) (this hospital) last saw the deceased of fram the causes state of the causes of	ONTRIBUTING TED TO THE Introduction of the control	20A. AUTOPSY? (Yos or YES, in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID hite 19 65 and view the bady after deat thending Med. Diroctor Diro	20B. IF YES, WERE IN CERTIFYING CA (If in Boltimo INJURY OCCUR? 19 65 ta I that in (my) (aur) ap th. Stoff Phys. X Cins Hospita Charlon (Carron)	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact lecotion) 11/15 19 65 pinian death accurred an the company of the c



65 41742	BALTIMORE CITY HEALT	H DEPARTMENT	65 11742
BIRTH NO.	CAL EXAMINER'S CE	RTIFICATE OF L	DEATH Registered No.
M.E. CASE NO.			D HOUR PRONOUNCED DEAD
1. NAME OF DECEASED		Z. DATE ANI	TO ACCUMENT OF A COMMENT OF A C
JOSEP 3. PLACE IN BALTIMORE, MARYLAND, WHI	ERE PRONOUNCED DEAD	A. STATE	deceosed lived. If institution: residence before odmission B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATIONSTITUTION	OR INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN (If outside	e corporate limits, write RURAL and give township)
		Baltimore D. STREET ADDRESS (If rurol,	
	Home and Hospital		eckson Pl.
5. SEX 6. RACE 7	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
male colored	manne	2-12-1926	36
IDA. USUAL OCCUPATION (Giye kind of work)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working the, even if retired)		North Cuch	une USA
Ila Battle		Pil Pi	h /
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 116. SOCIAL	7, INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes		anna Ba	Het Same
18. 3 3 / Y	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRE	ECTLY		ONSET AND DEATH
heori foilure, osthenio, etc. It meons the injury or complication which caused de ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST, UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CONDITIONS CONDI	IY, GIVING (BL		
19A, DATE OF OPERATION 19B, COND	ORMED		208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.) 22. I certify that I held on Incresulted from: Notural cous ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. 23A. BURIAL CREMATION, 23B. DATE REMOYAL (Specify)	home, form, foctory, street, of etc. (Hourl 21 E. INJURY OCCURRED WHILE AT NOT VAT WORK AT WO Sees	OPSY ON THE MEDICAL EXASSOCIATE MEDICAL EXASSO	Jacobsis, death in my opinion
24A. DATE REC'D BY HEALTH DEPT. NOV 1 7 1965 VS 151-REV. 1/1/65	24B. NAME OF REGISTRAR	24C. EUNERAL DIRECTOR	Wilson-1000 Branta



			BALTIMORE CITY	HEALTH DEPARTMENT		
RT	н но. 65 117	42	CERTIFICA	TE OF DEATH	Registered No	65 11743
	AME OF DECEASED	201	CERTITION		ND HOUR OF DEATH	
	De or Print) RASIE M	Phai	Ttor	11-	15-65	1 11:15- 8
, P	LACE OF DEATH IN BALTIMORE, N	MARYLAND	14	4. USUAL RESIDENCE (Who	ere deceesed lived. Il ins	illution: residence before edmission)
				A. STATE B. COUL	TO T DO	in nemalland
1	HOSPITAL OR oddress or lecol	ol or institution, gr ion) / /	ve street	C. CITY OR TOWN (If ex	stride city limits, write R	URAL ond give township)
1	NSTITUTION DE CO	: 14 Has	spital	13014 mino	MARVIAN	1 212 25
	Da Mimore C		1 07001	D. STREET ADDRESS	rurol, give location)	3 04/200
	4940 Eastern Aver	me Balto	., Ma.21224	2716 BOD	KER T. ()	RIVE 25-52
. S	EX 6. RACE		DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In yeers	If Under 1 Yr. , If Under 24 Hrs. Months! Doys Hours Min.
P	N	MIDD WED.	DIVORCED (specify)	12-25-94	lest birthday)	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of w		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote er fen	eign ceuntry)	12. CITIZEN OF
en	e dufing mest of werking life, even if retired ハカムレ	NAK	IF	1/6		WHAT COUNTRY?
3.	FATHER'S NAME	1,01		14. MOTHER'S MAIDEN NA	ME	4.0
1	YC KENZIES			2		
5 1	Wos Deceesed Ever in U. S. Armed I	orcas?	6. SOCIAL	17. INFORMANT		ADDRESS
es	s, no er unknown) (ff yes, give wer er de	etes ef service)	SECURITY NO.			
1	10			RECORDS:BCH 49	40 Easte4n A	
	1B. 171X 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DEAT			0	. 0	1011000
	(This does not mean the made		DUE TO	Carcinomor (1	x of ceruin)	1961 Coop Ceruin
	heart failure, asthenia, etc. It mea	ns the disease,	00110	of stomach wi	the kicholely	
	injury or complication which caus ANTECEDENT CAUS		(B)	L res	ral invaluer	nerul
			DUE TO	Λ Λ		
	rise to the above cause (A		(C)	Pulmonory	maull.	
	UNDERLYING CONDITION last.	ā				**************************************
_	H H			2		1 00 10/5
0	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	CONTRIBUTING		Pneumonia		Oct 30.1965
CA	19A. DATE OF OPERATION 19B. CO		HICH OPERATION		ell 20R IF VEC WERE F	INDINGS CONSIDERED
=		ERFORMED	THE OTERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	ISES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218.1	LACE OF INJURY (e.g., in	er obout 21 C. WHERE DID	Ul in Bullimore	City, give exect lecetion)
AL	OR CONTRIBUTING CAUSE OF DEATH (netify medical exeminal)	home etc.)	, form, foctery, street, of	fice bldg., INJURY OCCUR!		
0	21D. TIME (Menth) (Dey) (Yes	r) (Heur) 21 E.	NIURY OCCURRED	21F. HOW DID IN	IIIBY OCCUPY	
WEI	OF INJURY	White			JORI OCCOR:	
	(APPROX.)	Werk				
	22. I certify that (1) (this hospit	ol) ottended the		7.1/	19 65 to	11: 13- 19 65.
	that (1) (we) lost sow the decea	sed olive on	11- 13	196ond ti	not in (my) (our) opin	ilon death occurred on the date
	and hour and from the couses s	toted obove. (1)	(We) (did) (did_not) v	iew the body ofter death.		
	23A. SIGNATURE	1 0 - 1			1	23 B. DATE SIGNED
	1 1. Teut	hu Alapin	M.D. Atte	ending Med. Director	Steff Phys.	11-15-65
	23C. PHYSICIAN'S NAME (Type)	1		23D. ADDRESS		
	MUTL MUTL	U AT	AGUN M.D.	4940 Eastern A	venue Balti	more, Md. 21224
			the Contract of the Contract o	ALAA TIMBAATI TI	TOLING DOLLAR	man al sura warned

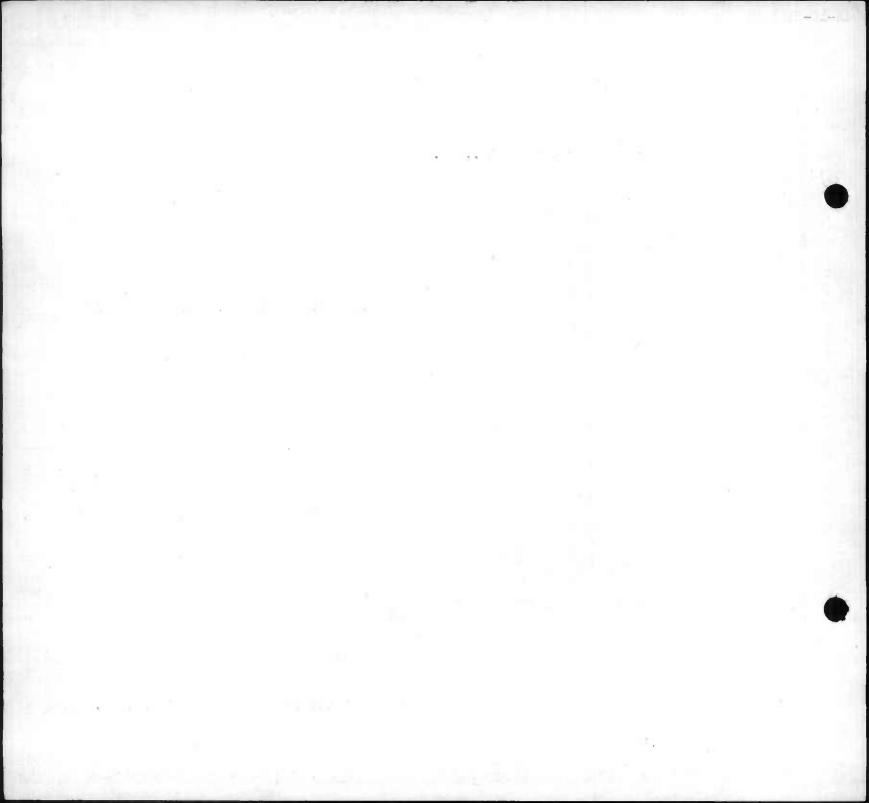
C'D BY HEALTH DEPT. OF REGISTRAR

FUNERAL DIRECTOR

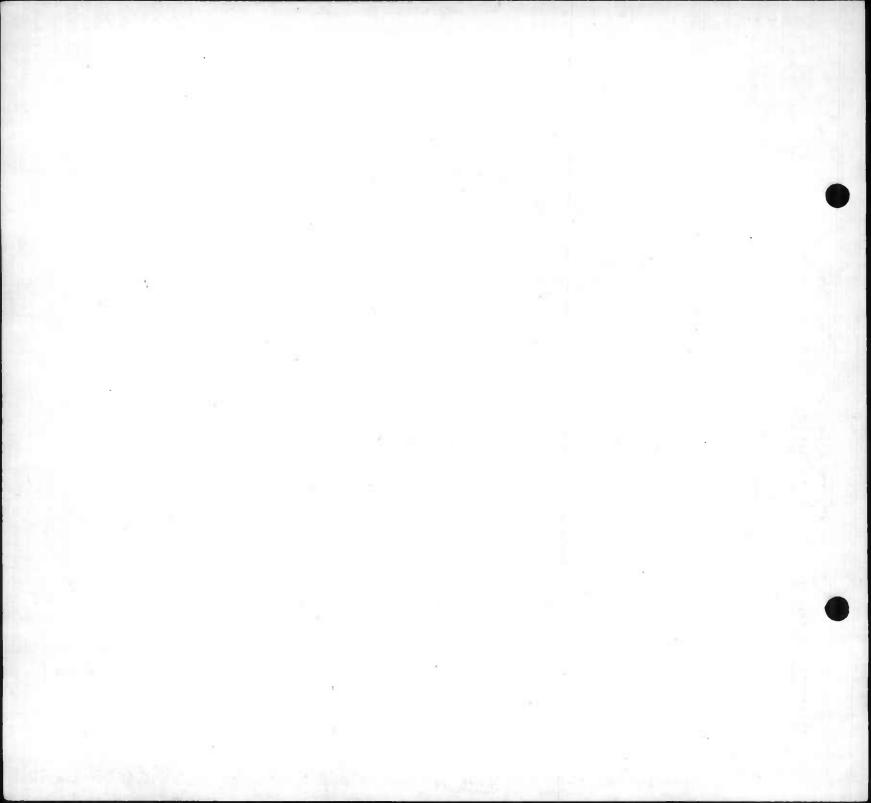
ADDRESS

9 1965

VS 150-REV. 1/1/65



			CITY HEALTH DEPARTMENT		65 11744
	TH NO. 65 117.	44 CERTIFIC	CATE OF DEATH	Registered No	00 11/44
1. N	AME OF DECEASED	BERT WOODSON (AND HOUR OF DEATH	3.10 A M.
	PLACE OF DEATH IN BALTIMORE, MA FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street	MARYLAND	UNTY	institution: residence before odmissian)
	NSTITUTION	INS HOSPITAL		(If rurol, give location)	RURAL and give tawnship)
			1143 CARR	OLLTON AVE	
5. 5	ALE NEGRO	7. MARRIED, NEVER MARRIED WIDDWED COLOR (specify)	8-28-16	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of world to the during most of working life, even if retired)	TOB, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME VAN WOODSON		14. MOTHER'S MAIDEN A		
15. (Ye	Was Deceased Ever in U. S. Armed Fors, no or unknown) (If yes, give wor or date	rces? es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Edna WOO	dson /14	3 N. Carrollton A
	DISEASE OR CONDITION DI LEADING TO DEATH	RECTLY (A) Pu	lmonay Emb		INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of heart failure, asthenia, etc. It meons injury ar camplication which coused ANTECEDENT CAUSES	the disease, I death.)	aranoma of 1	The Cenz	7 worths
	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.				
ATION	OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING	ATED TO THE			
ERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PER	IDITION FOR WHICH OPERATION	20 A. AUTOPS!? (Yes or	No) 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e. home, form, foctory, stree etc.)	.g., in or obout 21 C. WHERE DID t, office bldg., INJURY OCCUR	(If in Boltimo	ore City, give exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Yeor) (APPROX.)		While	NJURY OCCUR?	
	22. I certify that (I) (this hospite that (I) (we) last saw the decease and hour and from the causes sta	ed alive an 11.16.	19 6 J and		pinian death accurred on the date
	23A, SIGNATURE Nights 23C. PHYSICIAN'S NAME (Type) NICHOLAS	ortun M.D.	Attending Med. Phys. 23D. ADDRESS THE JOHN	Stoff Phys.	11.16.65 HOSPITAL
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BUV'A A. DATE REC'D BY HEALTH DEPT.	24C. NAME OF CEMETERY OF	CREMATORY 24D	Dillwyn s	City, town, or county) (Stote)
VS	150-NO.V.13.7 1965 (C.C.	ub E, FarleyMA	Skorge &	1. Kilon 13	48 W. Callon St.



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1965

VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPARTMENT		
	н но. 65 117	145	CERTIFICA	TE OF DEATH	Registered No.	65 11745
1. N	AME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
(Typ	PLACE OF DEATH IN BALTIMORE, MARY	atie	nce	14-44	5 5000	5 1/965 1145 DM
3. 1	LACE OF DEATH IN BALTIMORE, MARY	LAND	1111	A. STATE B. COUN	TY	nstitution: residence before odmission)
1	FULL NAME OF (If not in hospital or oddiess or location)		-	C. CITY OR TOWN (If out	Baltan side city limits, write	RURAL ond give township)
0	university Hos	bit	in 1	D. STREET ADDRESS (III	re Md	3-19(1
E						
5. 9	EX 6. RACE 7	. MARRIED	NEVER MARRIED	2217 B	9. AGE (In vegis	If Under 1 Yr. If Under 24 Hrs.
	Female Megrow	WIDOWE	D, DIVORCED (specify)	4/11/06	59	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work)	OB, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
don	during most of working life, even if retired)			Fla.		USA
13.	Honse WIFC			14. MOTHER'S MAIDEN NAM	A F	O JA
		,				L
	Lonnie Chi	urc h		Mollie	Lwdle	
Ye:	Was Deceased Ever in U.S. Armed Force ,no or unknown) (If yes, give wor or dates	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		Nome	Husba	nd	Same
	1B. 17/ V		CAUSE OF	DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CTLY				ONSET AND DEATH
	LEADING TO DEATH		IAI SOM	amors cell o	en of ceru	1x 13 years
	(This does not meon the mode of a					
	injury ar camplicolian which coused of		•			
	ANTECEDENT CAUSES		(B)			
	DISEASES OR CONDITIONS, if a	nv. aivina				
	rise to the obove couse (A)			******************************		
	UNDERLYING CONDITION Iosi.					
LION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO TH	G HE			
ERTIFICA	19A. DATE OF OPERATION 19B. COND	ITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CER	21 A. ACCIDENT WAS UNDERLYING	211	R PLACE OF INITIDY (e.g. in	or obout 27C. WHERE DID	(If in Boltimor	e City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hor	me, form, foctory, street, of	fice bldg., INJURY OCCUR?	(ii tii voilinoi	a ony, give experioconom
€DI(21 D. TIME (Month) (Doy) (Year)	(Hour) 218	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ž	(APPROX.)	W	hile At Not While			
	22. I certify that (I) (this hospital)	attended 1	the deceased fram	NOU	965 to 10	15 1965
	that (I) (we) last saw the deceased	alive on.	Nov 15	19 69 and the	at in (my) (aur) ap	inian death accurred on the date
	and haur and fram the causes state	d abave. ((I) (We) (did) (did nat)	iew the bady after death.	at fine o	of this centificate
	23A. SIGNATURE					23B. DATE SIGNED
	He ed 1 15	11	M.D. Atte	nding Med. Director	Stoff Phys.	NOU 15, 1765
	23C. PHYSICIAN'S	-ougs		23D. ADDRESS	· 117 3. Lpt.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	NAME (Type)		M.D.		1	11 1 1
244	BURIAL CREMATION, 248. DATE	124C N	AME of CEMETERY of CRE	Unive	CATION (C	ity, town, or county) (State)
44	REMOVAL (Specify)		A / CENTETERI OF CRE	24D. LC	1 / /	
1	Surial 11-20-6.	5 1	1 but us Mei	n. pk. A	1 hutus.	Ind.
25/	. DATE REC'D BY HEALTH DEPT.	SB. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS

age A. Kela 1348 N. Calhon St

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BALTIMORE CITY HEALTH DEPARTMENT 65 11746 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 13, Adell LaBar 1965 Nov. a, 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. Il institution; residence before admission) A. STATE B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL (If rurol, give location) 4012 Alto Rd. 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthday) Months Doys Hours 84 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. 14. MOTHER'S MAIDEN NAME Mary Stewart ADDRESS 4012 Alto Rd. Gertrude Grinage ONSET AND DEATH Hral Wase 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) 21F. HOW DID INJURY OCCUR? ond that in (my) (our) opinion death accurred on the date 23 B. DATE SIGNED Phy s. 24A. BURIAL CREMATION, 248. DATE town, or county) REMOVAL (Specify) decease 11/17/65 New Cathedral Cem. Baltimore, Md. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

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NAME OF DE	MILLER,	Char	LKS E	2. DATE	AND HOUR OF DEATH	- 32 A
FULL NAME	OF (If not in hospitol	RYLAND or institution,		4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived, If	institution: residence before odm
John.	s Hopkins la			ANNAPOLIS D. STREET ADDRESS	(If rural, give location)	RURAL and give township)
SEX M 1	•	7. MARRIED	D, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr, If Under 2- Months Doys Hours A
one during most o	of working lile, even if retired)	108, KIND O		4-9-90 Y 11. BIRTHPLACE (Stote or fo	75 preign country)	12. CITIZEN OF WHAT COUNTRY?
Sheet me			Govit	14. MOTHER'S MAIDEN N		USA
	DAVID D. MI ed Ever in U. S. Armed Forc wn) (If yes, give wor or date:	ces?	16. SOCIAL SECURITY NO.	JENNIE BR 17. INFORMANT Mrs. Eva J. Mi		ADDRESS
(This does	LEADING TO DEATH	dvino en	(A)	UBARACHUOU	MCI MADIV	. [9 (0)]
DISEASES	not meen the mode of e, asthenia, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a che obove couse (A) NG CONDITION last.	the disease death.)	(B) DUE TO		VIO WAS	
DISEASES rise to 1 UN DERLYIN OTHER SIGN TO THE	not meen the mode of e, asthenia, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if also obove couse (A)	the disease death.) ony, giving stating the ONTRIBUTINTED TO TAIL	(B) DUE TO			
DISEASES rise to 1 UN DERLYIN OTHER SIG	not meen the mode of e, asthenia, etc. It means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if other obove cause (A) NG CONDITION tast.	the discose deoth.) ony, giving stoting the ONTRIBUTINTED TO TIT.	(B) DUE TO (C)		No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise to 1 UN DERLYIN OTHER SIGITO THE DISEASE O 19A-DATE C 21A-ACCID OR CONTRI	not meen the mode of e, asthenia, etc. It means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a che obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS COUSE (A) BUT NOT RELA RECONDITION CAUSING II DE OPERATION 198. CONDITIONS COUSE (B) CONDITION CAUSING II	the discose deoth.) ony, giving stoting the one of the	(B) DUE TO (C) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, c.g., form, foctory, street, c.g., ne, foctory, street, c.g.,		No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DISEASES rise to 1 UN DERLYIN OTHER SIGITO THE DISEASE O 19A-DATE C 21A-ACCID OR CONTRI	not meen the mode of e, asthenia, etc. It means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if of the above cause (A) NG CONDITION last. II NIFICANT CONDITIONS CODEATH BUT NOT RELATED TO THE CONDITION CAUSING IT DE CONDITION CAUSE OF CAUSE O	the discose deoth.) ony, giving stoting the one of the	(B) DUE TO (C) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, c.g., form, foctory, street, c.g., ne, foctory, street, c.g.,	in or obout O.C. WHERE DID ffice bldg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise to UN DERLYIN OTHER SIG TO THE DISEASE O 19A. DATE O 21A. ACCID OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certif	not meen the mode of e, asthenia, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if che obove couse (A) NG CONDITIONS COUSE (A) NG CONDITIONS COUSE (A) NOT RELATED TO THE CONDITION CAUSING IT OF OPERATION 198. CONDITION (MAS PERFICIAL PROPERATION 198. CONDITION (MONTH) (Doy) (Year) (Month) (Doy) (Year)	the disease death.) ony, giving stating the stating t	(B) DUE TO (C) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, c.) E. INJURY OCCURRED hille AI Work AI Work the deceosed from	20 A. AUTOPSY? IYes or in or obout of C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID IN	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise to UN DERLYIN OTHER SIG TO THE DISEASE O 19A. DATE O 21A. ACCID OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certif	not meen the mode of e, asthenia, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS CODEATH BUT NOT RELA R CONDITION CAUSING II DF OPERATION 198. CONDITION CAUSING II DF OPERATION 198. CONDITIONS (MAS PERF. (Month) (Day) (Year) Ty that W(this hospital) of the couses stated for the couses stated (URE)	the disease death.) ony, giving stating the ontribution for other contribution for order contribution for other contributions of the contribution for contribution for contributions of the contribution for contribution for contributions of the contribution for contrib	(B) DUE TO (C) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c.) E. INJURY OCCURRED hile AI Not Which all Work the deceosed from Not White d	20 A. AUTOPSY? Yes or in or obout of C. WHERE DID iffice bldg., INJURY OCCUR? 21 F. HOW DID II 19 and view the body ofter death	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimos NJURY OCCUR? 19 (our) op that in () (our) op	FINDINGS CONSIDERED AUSES OF DEATH? Te City, give exact location)

surgest bright and t SUBSTREMENT OF MEMORINA him who Jeans of

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

Q-14/3	BALTIMORE CITY	Y HEALTH DEPARTMENT		9 1 .
MRTH NO. 65 11748 M.E. CASE NO. BESSIE BEREL	OUTTY CERTIFICA	TE OF DEATH	Registered No	63 11118
I. NAME OF DECEASED	1 +	2. DATE	AND HOUR OF DEAT	H
3. PLACE OF DEATH IN BALTIMORE, MARYLANE FULL NAME OF 101 not in hospitol or instit		4. USUAL RESIDENCE WAS A. STATE B. COL	here deceased lived. If	institution: residence before odmission)
HOSPITAL OR INSTITUTION	Municipaldy		outside city limits, write	e RURAL ond give to wnship)
10 production	sources had had	BALTIMORE D. STREET ADDRESS	If rurol, give location)	
Dessu Bere	owet	5519 MINNOK	A AVENUE	
FEMALE WHILL	RRIED, NEVER MARRIED DOWED DIVORCED (specify) MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even if refired) HOUSEWIFE	AT HOME	BALTIMORE,	MARYLAND	12. CITIZEN OF WHAT COUNTRY?
MORRIS GOLDSTEIN		RACHAEL	?	
5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	215-30-3346	SAM BERELOWIT	Z 5519 MINN	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Car	OF DEATH Copera 7	Curry	INTERVAL BETWEEN ONSET AND DEATH
(This daes nat meon the mode of dying, heart failure, osthenia, etc. It means the distinjury or complication which coused death.) ANTECEDENT CAUSES	seose,)	2-20		
DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stoling UNDERLYING CONDITION last.		nn		
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	BUTING O THE	Lore		
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20 B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	While At Nort White Work At Work	21F. HOW DID II	NJURY OCCUR?	
22. I certify that (I) (this hespital) otter	nded the deceased from	noil	19 4 to	too 16 19 65.
that (I) (wa) lost sow the deceased alive				pinlon death occurred on the date
ond hour and from the couses stored obc	1	tending Med. Director	Stoff Phys.	23 B. DATE HIGHED
23C.PHYSICIANS NAME (Type) MANUEL	LEVIN M.D.	23D. ADDRESS /8 /	estert	form Rd.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) DURIAL 11/17/65	MIKRO KODESH-BE	TH ISRAEL	BALTIMORE,	
25A. DATE REC'D BY HEALTH DEPT. 25B. N NOV 17 1965 P. 25B. N VS 150-REV. 1/1/65	AME OF REGISTRAR	SOL LEVINSON	or BROS.INC	.6010 REISTERSTOWN R

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Bearing

San Company of the Co

		BALTIMORE CI	TY HEALTH DEPARTMENT		
BIRTH NO.	5 11749	CERTIFIC	ATE OF DEATH	Registered No.	65 11749
M.E. CASE NO.	10 1.2	CLKTITICA		·	1
Type or Print)	dith mo	irtha go	the more	ember 1	4/654 P
PLACE OF DEATH IN BALTI	MORE MARYLAND	0	A. STATE B. COUNT	deceased lived. Il ins	titutian; residence befare odmissiar
FULL NAME OF (If not	in hospital or institution, g	give street	marylan	1	13/11/15
	s ar lacation)	. 0	C. CITY OR TOWN (If outs	side city limits, write R	URAL and give township)
0 37/2	Clarke,	Lane	D. STREET ADDRESS HE	prol, give, location)	21-20
			3713 Cl	arles to	ene
SEX 6. RACE		NEVER MARRIED), DIYORCED (specify)		AGE (In years ast birthday)	If Under 1 Yr. II Under 24 Hrs Months Days Hours Min.
unale Whi	to nu	claev		63	
A. USUAL OCCUPATION (Give		BUSINESS OR INDUST	RY 11. BIRTHILACE (State or lareig	in country)	12. CITIZEN OF WHAT COUNTRY?
Houseugh	cet	Home	12 altema	e ma	NSA
3. FATHER'S NAME	2.1		14. MOTHER'S MAIDEN NAM	16	
Moses N.	Jenes		Ilerail of	enengo.	~
5. Was Docoosed Ever in U. S. Yes.na arynknawn) (If yes, give	Armed Forces? war ar dates al service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2. 0	ADDRESS
no			yall renth-	1624 Ca	la Coad
18. 203X 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONE		-	n 1111		6 ms.
heart foilure, asthenia, etc injury ar camplication whi ANTECEDEN DISEASES OR CONDITI	ch caused death.) T CAUSES ONS, if any, giving	(B) DUE TO			
UNDERLYING CONDITIO	N last,	8 0000 8 0 0000		80 8 6 6 6 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
NO THE SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO THE				
DISEASE OF CONDITION	19B. CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIBUTING CAU	ISE OF hom	e, lorm, loctory, street,	affice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
21D. TIME (Month) (D	oy) (Year) (Haur) 21 E.	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	Whi	le At Not W			
22. I certify that (I) (thi	s hospital) ottended th	ne deceased from	april 1	965 to	NOV. 14 1965
that (1) (we) last saw th	e deceased alive on	Nov	/	t in (my) Jour opin	ian deoth accurred on the da
	juses stoted obave. (I) (Well (did) (did not)	view the bady ofter deoth.		
					23B. DATE SIGNED
Shudn	2. Kramb	M.D. A	ttending Med.	Staff Phys.	11/15/65
	2. Kramb	M.D. A	thending Med. Director 23D. ADDRESS	Staff Phys.	11/15/60

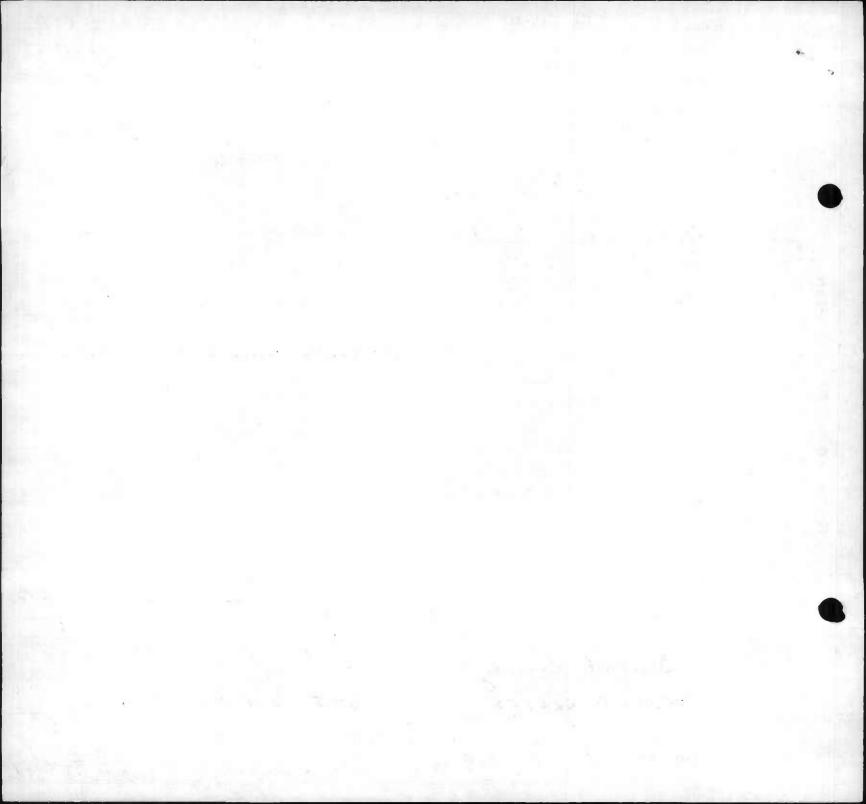
24D. LOCATION

DIRECTOR

AODRESS

V\$ 150-REV. 1/1/65

24A. BURIAL CREMATION, REMOVAL (Specify)



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CIT	Y HEALTH DEPARTMENT	
	TH NO. 65 11750	CERTIFICA	ATE OF DEATH Registered No	0
	E. CASE NO.		2. DATE AND HOUR OF DEAT	m65 11750
{Ty	ShapiRo	1000	D. S. 11-14-65 4	PM M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If	finstitution: residence before admission)
	FULL NAME OF (If not in hospital or instit	ution, give street	Mary and C. CITY OR TOWN (If outside city limits, write	te RURAL and give township)
)	INSTITUTION		PIKERVILLE	03-01
	Sinai Hospital	of Balte	D. STREET ADDRESS (If tutol, give locotion) 8 000 IV + Lan	e
5. 5	SEX 6. RACE 7. MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF
don	e during most of working life, even if retired)	ON & HETAL CO	LITHUANIA	WHAT COUNTRY?
13.	SELF-EMPLOYED IR	ON & METAL CO	14. MOTHER'S MAIDEN NAME	ush
		?	LEAH ?	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	MRS. ROSE SHAPIRO 8000 I	VY LANE
	18.420.11	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	(A) /	Typocandial infact Referior cleus to he	4100
	heort foilure, osthenio, etc. It meons the di	seose,	1 1 1	
	injury or complication which caused death.	(0)	Exterior olound o ho	whdran!
	ANTECEDENT CAUSES	502.0		
	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting			
	UNDERLYING CONDITION lost.			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED T		O	
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WEF	RE FINDINGS CONSIDERED
ERTIFIC	WAS PERFORME		N O IN CERTIFYING	CAUSES OF DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., home, lorm, factory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	nore City, give exact location)
EOIC	21 D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.)	While At Not Wh		
	22. I certify that (I) (this haspital) atter		11.14-65 4PM9 65 10 US	14-67 10 6)
			19 G and that in(my) (aur) o	
	and haur and fram the causes stated abo			
	23A. SIGNATURE	(1) (110) (010) (011)	view the budy effet death.	23B. DATE SIGNED
	Higerald Os	M.D. A	ttending Med. Stoff Phys.	4/14/1-
	23C. PHYSICIAN'S NAME (7) PP	m	23D. ADDRESS	119/65
	NAME (Tipe)	DC TO M.D	C 1/	0 1 B 11
24/	A. BURIAL CREMATION, 24B. DATE	13/6/8	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
	REBURTAL 11/16/65	CHIZUK AMUNO		IE BALTIMORE, MD
25/	A. DATE REC'D BY HEALTH DEPT. 258 N	AAAE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	NOV 17 1965 Robert E.	Tarbey Mill	SOL LEVINSON & BROS. INC	2.6010 REISTERSTORN RI
1/5	160 BEN 1/1/46			

the body was released to the hospital by a

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of death or contributing cause deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made. or his assistant if death Also, examiner.

BALTIMORE CITY HEALTH DEPARTMENT CEDTICICATE OF DEATH

Registered No. 45

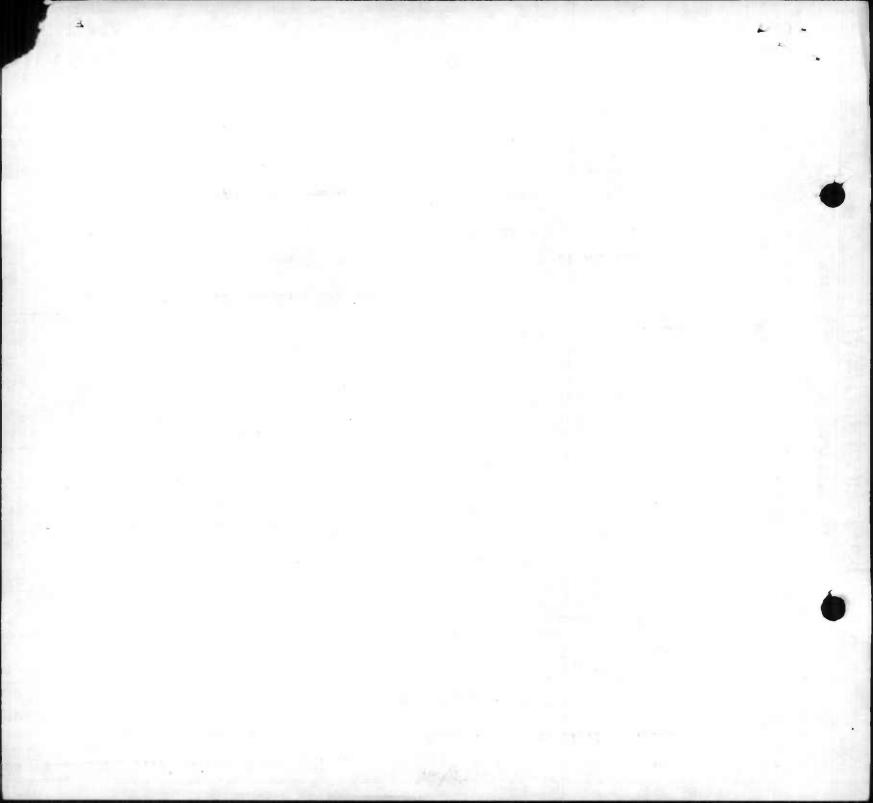
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission
	A. STATE B. COUNTY
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
GIVAS HOGESTAL OF PALK	D. STREET ADDRESS (If rurol, give locotion)
	H SOOT OUTUSBERRY AVE
5, SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 H
TEMPH WHITE WIDOWED (specify)	Months Doys Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME	12 JCFG A USA
13. FATHER'S NAME SINCA SHAMAS	14. MOTHER'S MAIDEN NAME
SIMCA SHAMAS	MENDEL ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	MR. BEN PREISSMAN 110 E LEXINGTON ST
IB. A 2 2 V I CAUSE O	DF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	MILMONARY EMBOLIEM
(This does not meen the mode of dying, e.g., DUE TO	
heort foilure, osthenia, etc. It means the disease, injury or complication which coused death.)	2510 (NOUPALLA) (most pacconn) is d
ANTECEDENT CAUSES (B)	The gall to be seen to the seen are
DISEASES OR CONDITIONS, if ony, giving	CUT : HYPERTENSION
rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.	ZALLI LICE ACCENTING
The state of the s	PATOLICO MODITALIS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED TYGOL	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CONTRIBUTING COLORS OF CONTRIBUTING COLORS OF COLOR	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Work Not Whi	ile D
22. I certify that (I) (this haspital) attended the deceased fram	0-1-6-5
0 11 65	19 19
that (I) (we) Just saw the deceased alive an	19and that In(my) (aur) apinian death accurred an the d
and haur and fram the causes stated above. (1) (We) (did) did nat)	
23A/SIGNATURE M.D. Att	tending Med. Stoff Director Phys.
23C. PHYSICIAN'S NAME (Type) TOUGS J. CONCEPCION J.M.D.	23D. ADDRESS
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CR	REMATORY 24D, LOCATION (City, town, or county) (State
BURIAL 11/15/65 OHEL YAKOV	BALTIMORE MARYLAND

VS 150-REV. 1/1/65

NOV 17 1965

258. NAME OF REGISTRAR

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD



A.E. CASE NO. NAME OF DECEASED Type or Print)	JACK LES	LIE GROSSMAN		2. DATE AND	HOUR PRONOUNG		10:49 a.
PLACE IN BALTIMORE, MARYL			4. USUAL RESIL	yland	eceosed lived. If ins B. CO	titution: resid	ence before odmission
ULL NAME OF (IF NOT IN OSPITAL OR ADDRESS C	HOSPITAL OR INSTITUTE OR LOCATION	UTION, GIVE STREET		ltimore	corporate limits, wri	RURAL or	d give township)
Cinal I	ospital			RESS (If rurol, o			
SEX 6. RACE white	7. MARRIED WIDOWED,	NEVER MARRIED DIVORCED(specify) RRIED	8. DATE OF BIRT	TH	9. AGE (In years lost birthday)	If Under Months	Yr. If Under 24 Hrs Doys Hours Min.
A. USUAL OCCUPATION (Give ki ne during most of working life, even i ATTORNEY FATHER'S NAME	f retired)	OF BUSINESS OR INDUSTR		STOWN. MA	COUNTRY)	12. CITIZE WHA US	COUNTRY?
	NEY GROSSMA	N		KUSNER			
WAS DECEASED EVER IN U.S. es, no or unknown) (If yes, give wo		16. SO CIAL SECURITY NO.	MRS. FRE	EDERICA (GROSSMAN :	ADDRESS 3508 BC	NFIELD RD
DISEASE OR CONDITUDE LEADING TO (This does not meon the heart foilure, osthenio, etc. injury or complication which ANTECENDENT DISEASES OR CONDITIO RISE TO THE ABOVE CAUST	DEATH mode of dying e.g. If meons the disease, coused death.) CAUSES NS, IF ANY, GIVING SE (A) STATING THE	(A)	Hanging				INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITUDE ANTECENDENT DISEASE OR CONDITUDE ANTECENDENT DISEASES OR CONDITION RISE TO THE ABOVE CAUSUNDERLYING CONDITION	DEATH mode of dying e.g. If meons the disease, coused death.) CAUSES NS, IF ANY, GIVING SE (A) STATING THE N LAST. DITIONS CONTRIBUT NOT RELATED TO	(A) F DUE TO (B) DUE TO (C)		•			
DISEASE OR CONDITED IN THE PROPERTY OF THE PRO	DEATH mode of dying e.g. If meons the disease, coused death.) CAUSES NS, IF ANY, GIVING SE (A) STATING THE N LAST. DITIONS CONTRIBUT NOT RELATED TO CAUSING IT.	(B) DUE TO (C)	Hanging		OB, IF YES, WERE F N CERTIFYING CAL		ONSET AND DEATH
DISEASE OR CONDITERATING TO (This does not meon the heart failure, osthenia, etc. injury or complication which ANTECENDENT DISEASES OR CONDITION RISE TO THE ABOVE CAULUNDERLYING CONDITION II OTHER SIGNIFICANT CONTO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION	DEATH mode of dying e.g. If meons the disease, coused death.) CAUSES NS, IF ANY, GIVING SE (A) STATING THE N LAST. DITIONS CONTRIBUT NOT RELATED TO CAUSING IT. 98. CONDITION FOR VAS PERFORMED	(A)	20A. AUTOPS NO in or obout 21C. office blda.livius	WHERE DID (II	N CERTIFYING CAL	ISES OF DE	ONSIDERED ATH?
DISEASE OR CONDITION (This does not meon the heart failure, osthenia, etc. injury or complication which ANTECENDENT DISEASES OR CONDITION RISE TO THE ABOVE CAUTUNDERLYING CONDITION III OTHER SIGNIFICANT CONTO THE DEATH BUTTO THE DISTRIBUTION OF INJURY	DEATH mode of dying e.g. If meons the disease, coused death.) CAUSES NS, IF ANY, GIVING SE (A) STATING THE N LAST. DITIONS CONTRIBUT NOT RELATED TO CAUSING IT. 98. CONDITION FOR WAS PERFORMED 218. hom etc.	(A)	20A. AUTOPS no , in or obout 21C. office bldg, INJUI	where DID (III) NY OCCUR? OB Bonfie	N CERTIFYING CALL f in Boltimore City, ld Rd. RY OCCUR?	ISES OF DE	ONSIDERED ATH?
DISEASE OR CONDITERATION TO THE DEATH BUT DISEASE OR CONDITION TO THE DEATH BUT DISEASE OF OPERATION TO THE DEATH BUT DISEASE OF OPERATION TO THE DEATH BUT DISEASE OF OPERATION TO THE DEATH BUT DISEASE OR CONDITION OF THE DEATH BUT DISEASE OF DEATH. 21 A. EXTERNAL CAUSE WAS UNDERLYING WOR CONTRIBUTION OF THE DEATH BUT DISEASE OF DEATH. 22. I certify that I held resulted from: Not ACTUAL SIGNATURE EXAMINER'S	DEATH mode of dying e.g. If meons the disease, coused death.) CAUSES NS, IF ANY, GIVING SE (A) STATING THE N LAST. DITIONS CONTRIBUT NOT RELATED TO CAUSING IT. 9B. CONDITION FOR WAS PERFORMED 21B. hom etc. y) (Year) (Hour) 300 (Hour)	(B) DUE TO (B) DUE TO (C) ING THE WHICH OPERATION PLACE OF INJURY (e.g., home 21E. INJURY OCCURRED WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	20A. AUTOPS no , in or obout 21C. office bldg, INJUI 350 21F. H work utopsy	WHERE DID (III) OF COURT OF CO	N CERTIFYING CAL f in Boltimore City, I.d. Rd. RY OCCUR? S bosis, deoth in Indetermined month AMINER AMINER	my opinion	ONSIDERED ATH?

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Undetermined regular mad

(4)

CERTIFICATE OF DEATH

Reg	i	st	er	ed	No	٥.	
- 0							Trans

	DIKITI ITO
ŀ	M.E. CASE NO.
ľ	1, NAME OF DECEASED
	(Type or Print)

ISAAC BERMAN

2. DATE AND HOUR OF DEATH 15

100		-
	111	
	1/17.	M

3. PLACE OF DEATH IN BALTIMORE MARYLAND

(If not in hospital or instilution, give street

RESIDENCE (Where decreased lived. If institution: residence before admission) MARYLAND

C. CITY OR TOWN (If outside city limits, write RURAL and give township)

FULL NAME OF HOSPITAL OR INSTITUTION

121 S. BROADWAY

address or lacation)

BALTIMORF D. STREET ADDRESS

(If ruiol, give location)

121 S. BROADWAY

6. RACE 5. SEX MALE

7. MARRIED, NEVER MARRIED

B. DATE OF BIRTH

17. INFORMANT

9. AGE (In years lost birthdoyl

If Under 1 Yi. If Under 24 His. Hours

10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired) PROPRIETOR

REAL ESTATE

BALTIMORE. MARYLAND

12, CITIZEN OF USA

13. FATHER'S NAME

HYMAN BERMAN

14. MOTHER'S MAIDEN NAME MOLLIE CHAIT

ADDRESS

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates of service) NO

WHITE

16. SOCIAL SECURITY NO.

MR. MAX L. BERMAN 218 EQUITABLE BUILDING

INTERVAL BETWEEN 20 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE

death or final attendance any pronounced embalmed of examiner regular aminer. are physician remains chief medical Mas burns; CERTIFICATION physician before the the (7) the here the hospital °Z nature; MEDIC by 3

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accident

DISEASE OR CONDITION	CAUSING IT.	
19A. DATE OF OPERATION	198. CONDITION FOR WH	ICH OPERATI

ON

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or Noll

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined

218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? etc.) 21 E. INJURY OCCURRED

21 F. HOW DID INJURY OCCUR?

(Month) (Doy) (Year) (Hour) OF INJURY While At (APPROX.)

Work

22. I certify that (I) (this hospital) attended the deceased from... that (1) (we) last saw the deceased alive on...

At Work

19 and that in (my) (our) opinion death occurred on the date

and hour and from the causes stated above, (1) (14) (did) (did not) view the bady after death. 23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

M.D. Attending Phys. 23D. ADDRESS

Not While I

Stoff Med. Director Phys. 238. DAJE SIGNED

(If in Boltimore City, give exact location)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify

24C. NAME of CEMETERY OF CREMATORY SHAAREI TFILOH

11/16/65

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD

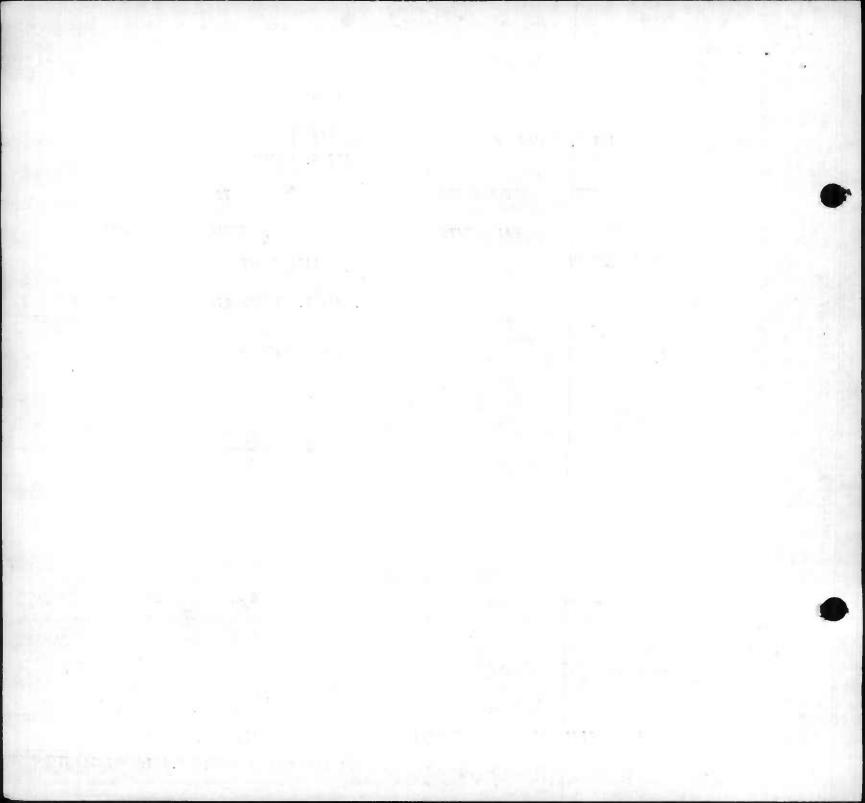
BALTIMORE, MARYLAND

approved

certificate

FUNERAL DIRECTOR:

IMPORTAN



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause IMPORTANT the body was released to the hospital by a medical examiner. FUNERAL DIRECTOR:

of death

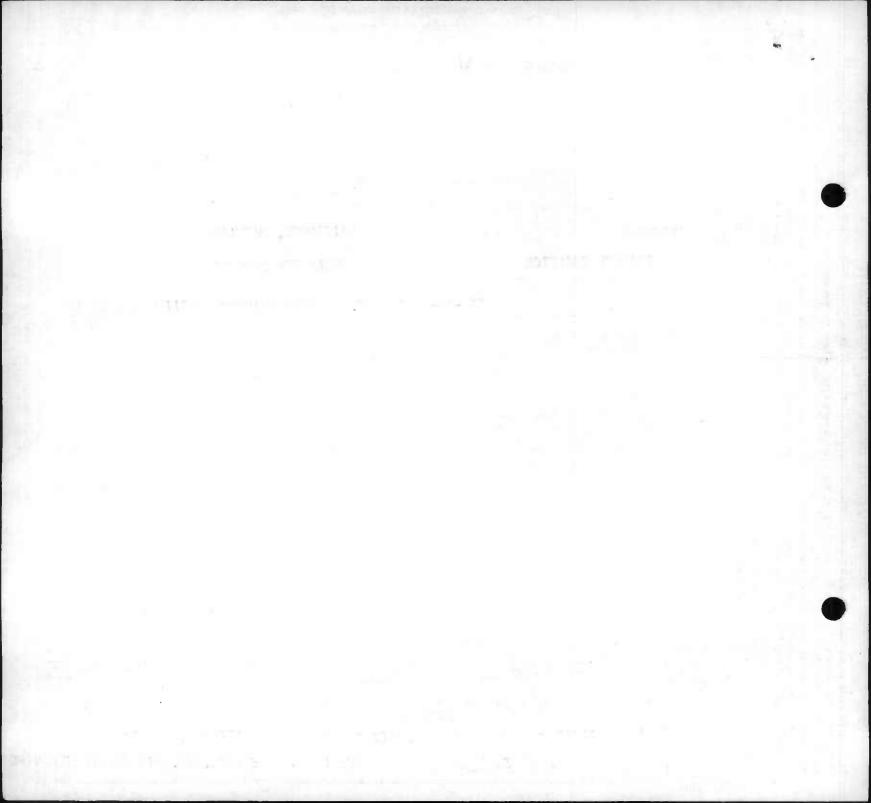
BAL	TIMORE CITY HEALTH DEPAR		310 0057
BIRTH NO. M.E. CASE NO. 1, NAME OF DECEASED	RTIFICATE OF DE	ATH Registered N	0 11/04
(Type of Print) SKIBA, RO 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	SC (SNYDER)	NoU. 16 ENCE (Where deceased lived,	1965 1: 20 Am.
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	A. STATE MONG C. CITY OR TOW	land.	te RURAL and give township)
2 Sinai Huspital	D. STREET ADDR	- 0 - 11	iA. I.e
			AUE.
5. SEX FEMALE COLORAGO TO MARRIED, NEVER M. WIDOWED, DIVORCE 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS	D (specify) 9/15/	78 GT	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
done during most af working life, even if retired) HOUSEWIFE AT HOME	RUSS	STA	USA
13. FATHERS NAME	14. MOTHER'S M		
AARON BRAGER	ADE	LE ?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no a unknown) (If yes, give wor or dates of service) V	MR. DAVII	SNYDER 3406 R	EDMAN ROAD
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heort failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(A) Myocord (B) Arteriosolu (C)	al Inforction des Cordina	souly Disease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	hempores s	icanday arebra	l'arteriosclerosis
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPE	RATION 20A. AUTOPSY	? (Yes of No) 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF	INJURY (e.g., in or obout 21 C. WF itory, street, office bldg., INJURY	ERE DID (If in Bollin OCCUR?	note City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY O While At Work	Not White At Work	W DID INJURY OCCUR?	
22. I certify that (I) (this hospital) ottended the deceos that (I) (we) lost saw the deceosed alive on	- 11	1965 10	115/65 19
ond hour and from the causes stated above. (1) (We) (di			opinion death occurred on the date
23A. SIGNATURE	I Void not) view the body of	rer deorn.	23 B. DATE SIGNED
HARLE outon Ho	Phys. Di	ed. Stoff Phys.	11/16/65
23C. PHYSICIAN'S NAME (Type)	M.D. 23D. ADDRESS	Haspita	1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEI REMOVAL (Specify) BURIAL 11/17/65 WORKMENS	METERY OF CREMATORY	BALTIMORE,	(City, town, or county) (State) MARYLAND
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTR.	2000		
NOV 17 1965 P.O. F. E. Fa. O.	COL LEI	INSON°E BROS. INC	.6010 REISTERSTOWN RD
VS 150-REV. 1/1/65	5 3	E IA	

the the all No Classical States JUN (JULE Carlten I Halle

IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death). Such

	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	65 11755
M.E. CASE NO.	755	2. DATE AND HOUR OF DEATH	4
Type or Print)	is SHAU RICK		965 7. UK A.
PLACE OF DEATH IN BATIMORE, MA		4. USUAL RESIDENCE (Where deceased lived, if	institution: residence before admission
SHILL NAME OF ME and in bounded	in all all	MARIEL LOSD	
FULL NAME OF (If not in hospital HOSPITAL OR address or location INSTITUTION	ar institutian, give streel n)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
SINAL	HOSPITAL	BALTIMORE	2720
> NOAI	HOZ LIVE	D. STREET ADDRESS (If rural, give location)	V / V
		2711 B. HAWS	on Ave
MALE 6. RACE WHITE	7. MARRIED, NEVER MARRIED) WIDOWED, DIVORCED (Specify) NEVER MARRIED)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
OA, USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
ATTORNEY	LAW	BALTIMORE, MARYLAND	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	ush
ISADORE SHAVE	ICK	SHULAMITH SHOCHET	
S. Was Deceased Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	ADDRESS
es, na ar unknawn) (If yes, give wor or date	s of service) SECURITY NO.	UP TOLOGRE CHARGE OF ASS	1 2 11110011 1111
	212-36-2661		1 B HANSON AVE
18. 420,11	CAUSE O	F DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIE	RECTLY	sule Museardial	
(This does not mean the made of	dying, e.g., DUE TO	COCC () for some	
heart failure, asthenia, etc. It means		Infanction	
ANTECEDENT CAUSES	(B)	1	
DISEASES OR CONDITIONS, if	DUE TO		
rise to the above cause (A)			
UNDERLYING CONDITION last.			
11	CONTRACTOR		
OTHER SIGNIFICANT CONDITIONS C	TED TO THE		
DISEASE OR CONDITION CAUSING I		[20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERI		20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING		n ar about 21 C. WHERE DID (If in Baltima	ore City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, factory, street, a	ffice bldg., INJURY OCCUR?	
21D. TIME (Manth) (Day) (Year)	(Haur) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not While		
(APPROX.)	Wark At Work		- 2 (44 2)
22. I certify that (I) (this hospital		11-16 (5:40 ATM) 19 65 to 11-	16 (1:45 44), (5
that (I) (we) last sow the decease	ed alive an 1-16	19 ond that in(my) (our) ap	oinian death occurred on the do
and have and fram the causes star	ted abave. (I) (We) (did) (did nat)		
23A. SIGNATURE			23B. DATE SIGNED
Ce- Weers	The M.D. Att	ending Med. Staff Phys.	11-16-6
23C. PHYSICIAN'S	9	23 D. ADDRESS	" " " " " " " " " " " " " " " " " " " "
GREGORIO 1	MARFORI M.D.	elo sum	HOSPITAL
REMOVAL (Specify) 11/17/	24C. NAME of CEMETERY OF CR		City, town, or county) (Stote)
BURIAL 11/17/6	ANSHE EMUNAH AIT	Z CHAIM BALTIMORE,	MARYLAND
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	SOL LEVINSON & BROS. INC.	6010 RETSTERSTOWN
NOV 4 M 10CE A A R	111 4-4 11. 44 N /	DUL LEVINSUN & DKUS. INC.	DUID KEISIEKSIUWIY



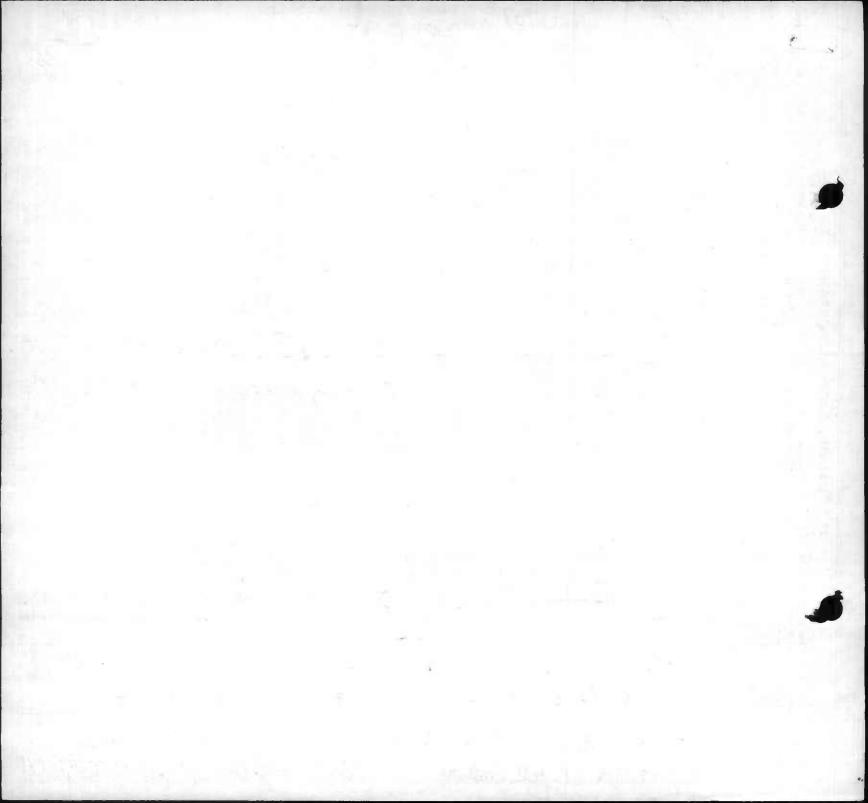
BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.	C5	11756
		00	TTIO

BIRTH NO		65 1173	56	CERTIFICA	TE OF DEAT	H Registered N	·· 65 11756
1. NAME (Type or	OF DECEA		K, EPH	RATM		TE AND HOUR OF DEAT	
3. PLAC	E OF DEAT	H IN BALTIMORE, MA	RYLAND	157.14	4. USUAL RESIDENCE	(Where deceased lived, I	I institution: residence before admission)
HOSPI	NAME OF	(If not in haspital address or lacation	or institution,	give street	MARYLAND C. CITY OR TOWN		te RURAL and give tawnship)
INSTIT	UTION	DTUEDA ADA	DTUEUTO		BALTIMORE		
0		RIVERA APA 901 LAKE DR			D. STREET ADDRESS	(If rurol, give lacotian)	
		701 LAKE DR	IVL A	71 200	901 LAKE	DRIVE APT 2	2CC
	MALE	WHITE	WIDOWER	NEVER MARRIED DOWED DOWED	8. DATE OF BIRTH 12/12/1882	9. AGE (In years last birthdoy) 82	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		ATION (Give kind of work trking lile, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
		SEWIFE	AT	HOME	BALTIMORE	, MARYLAND	USA
13. FATH	ERS NAME				14. MOTHER'S MAIDE		
	MAI	RX KAHN			SALLY SCH	100LER	
5. Was	Deceased E	ver in U. S. Armed Far	ces?	16. SOCIAL	17. INFORMANT		ADDRESPHOENIX
X	10	If yes, give wor or date	a or servicer	SECURITY NO.	CHAS. J. GU	LIBERTET ROUTE	
1B.	44	3 X I		CAUSE O	F DEATH	11-0	INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR	ECTLY	JAN	a bottood	1 leveler	64.01
(Thi		I mean the made of	dying, e.g.,	(A) VIVO	con weigh	Burne	ougus
heo	rt lailure, a:	sthenia, etc. It means lication which caused	the diseose,	01100	firmental	formular con	٨ .
11110		NTECEDENT CAUSES	ocani.	(B) A. C.	lus de	te	
DIS		CONDITIONS, if	nnv nivinn	DUNTO	1 1	- (
rise	la lhe	abave couse (A)		(C) OF	weurc	M	
UN	DEKLTING	CONDITION last.			VI		
2 10	THE DEA	CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING I	TED TO TH	G E			
		OPERATION 198. CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or Na) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21 A.	CONTRIBUTI	WAS UNDERLYING DING CAUSE OF nedical examiner	21B hom etc.	PLACE OF INJURY (e.g., in the, form, factory, street, o	n or about 21 C. WHERE I	DID (If in Boltin	more City, give exact lacation)
SOFI	TIME (NJURY PROX.)	Manth) (Doy) (Year)		ile At Nat While		ID INJURY OCCUR?	
22	L certify +1	hot (I) (this hospital		he deceosed from	1945	1910	Paral (6 106)
		ost sow the decease		nov 102	1961		entries death assured on the date
	1			1) (W_) (J:4) (J:2)	V	The state of the s	opinion death accurred on the dote
	SIGNATURE		ed opove. (1) (Wa) (did) (did not) v	new the body after d	earn.	23 B. DATE SIGNED
	41	12 1/10	July	M.D. AH	ending Med.	Stoff	11/15/15
23 C.	PHYSICIAN	04 116 00	wi wi	9 Mily Phy	s. Director	Phy s.	10/17/61
	NAME (Typ	LOUIS P. H	AMBURG!			. PAUL STREET	
24A. BU	RIAL CREM	ATION, 24B. DATE	24C. N.	AME of CEMETERY OF CR	EMATORY :	24D. LOCATION	(City, town, or county) (State)
E	URIAL ISP	11/17/6	5 N	HEB SHALOM		BALTIMORE	HADVIANO
-		11/1/16	1 1/1	IED STALLIM		DALI LIVIURE	MAKYLAND
	TE REC'D B	1965 P. P. A		OF REGISTRAR	25C. FUNERAL DIR		MARY LAND ADDRESS

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BIRTH NO. 65 11757 BALTIMORE CITY HEALTH DEPARTMENT Registered No.	05 44757
CERTIFICATE OF DEATH	65 11757
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print)	1.30
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If ins	165 P. M.
A. STATE B. COUNTY	THOROUGH TO TO THE TOTAL T
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write R)	URAL and give township)
5301 mornia Blad Miami	11-08
apt I 1003 N.W. 30th	ano
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
male White Mayled may 1.1911 last birthday)	Months Doys Hours Min,
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTH LACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chaullein Taxa cab Kussia	USA
13. FATHER'S NAME	
Cal Lazernike Ethel:	
15. Wos Deceosed Ever in U. & Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
Yer wwith Mus Keeth dazernike -	same
18. 42011 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Thrombisis	Few minutes
(This does not mean the made of dying, e.g., DUE TO	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	Finewecks
ANTECEDENT CAUSES (B) Coronary Necesotics DUE TO	1200 000000
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street office bldg., INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While AI Not While A	
22. I certify that (I) (shie haspitel) attended the deceased fram. Nov. 3 19 6 10 10	OV 14 1965.
that (I) (we) lost sow the deceased alive on Nov, 8 19 65 and that in (my) (our) opin	ion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.	
23A. SIGNATURE	23B. DATE SIGNED
Louis E. Wice M.D. Attending Med. Director Phys.	11/15/65
23C. PHYSICIAN'S NAME (Type) Lauis E- WICE M.D. 920 ST. PAUL	57
24A. BURIAL CREMATION, 24B. DATE , 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City	(State)
REMOVAL (Specify) 11/17/65 Basi Rouber Bullet	laus land.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR . 25C. FYNERAL DIRECTOR	ADDRESS O



shows: (1)

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VS 150-REV. 1/1/65

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Was

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attendance

death.

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ADDRES

258. NAME OF REGISTRAN

Lutheran Hospital of Maryland

730 ASHBURTON STREET

BALTIMORE, MD. 21216

WILKENS 5-1600

MARK L. DAWSON ADMINISTRATOR

December 28, 1966

65-11758

Bureau of Vital Records Municipal Building Baltimore, Maryland 21202

Attention: Mr. Norton

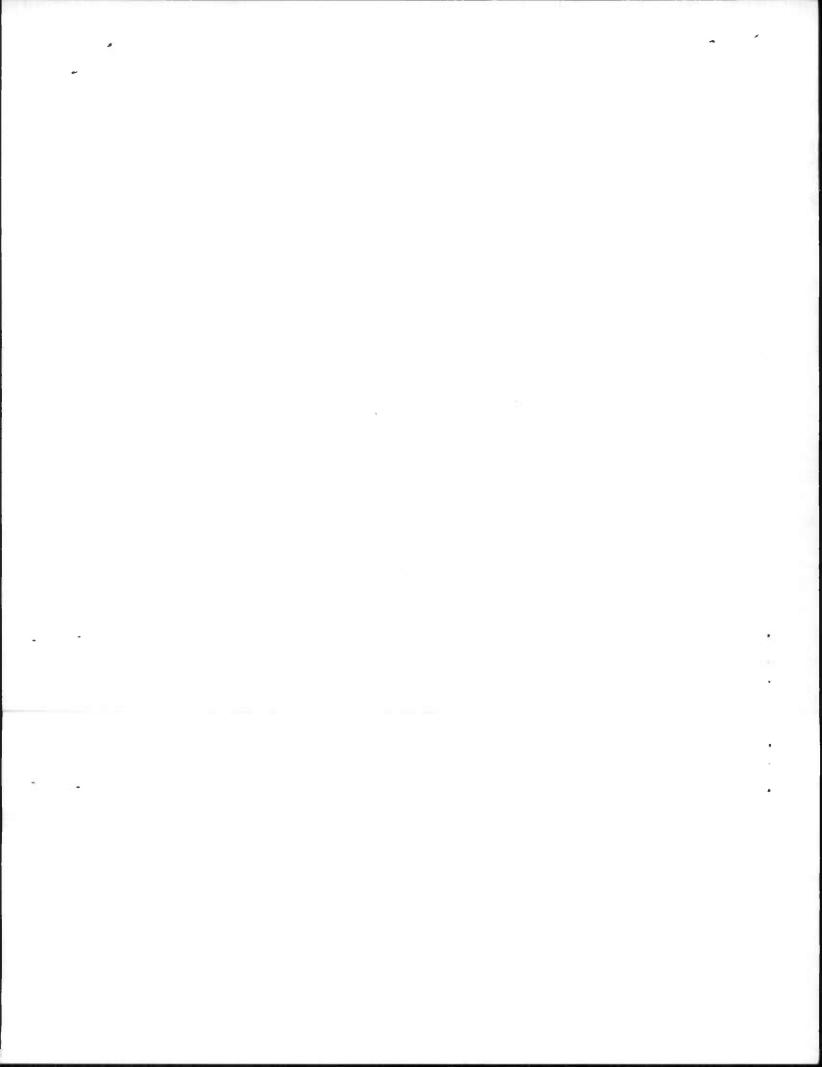
In Re: Levin, Milton Dr. die 17/16/65

Dear Mr. Norton,

The death certificate on Dr. Levin had an erroneous diagnosis. Dr. Levin was under my care at the time of his death, but the death certificate was signed by a house officer, who is no longer at this institution. The proper diagnosis should read: Carcinoma of the colon with metastasis to the lung. appreciate your correcting the death certificate.

Very truly yours, Tuesn M. Checket

Pierson M. Checket, M.D.

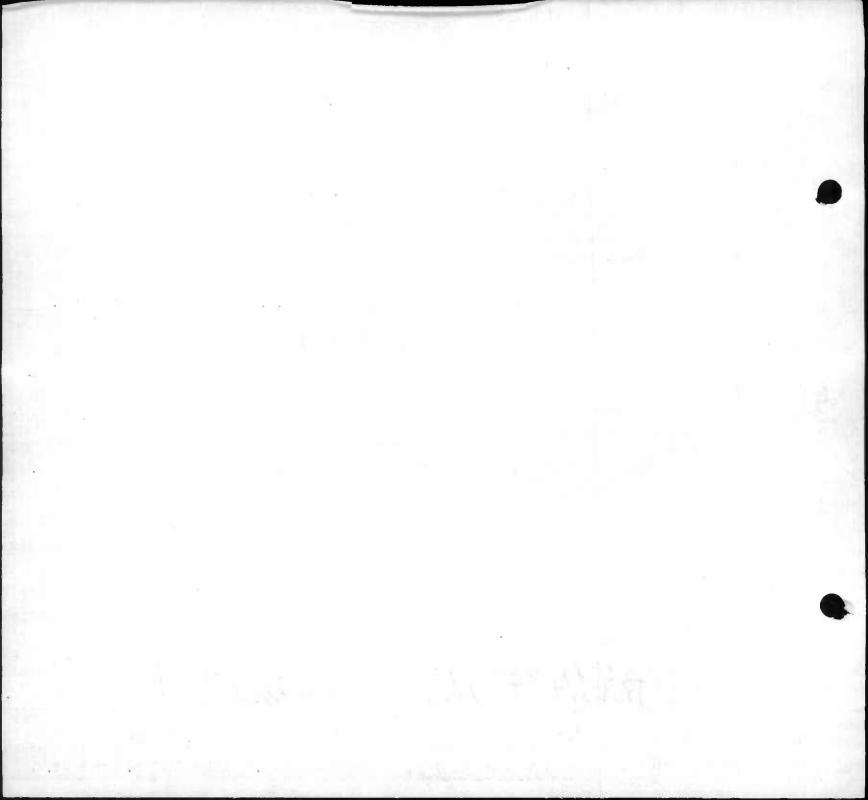


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	E CASE NO. NAME OF DECEASED			2. DATE AN	D HOUR OF DEAT	н
(Ty	Delia J	Scott		Nover	nber 13,196	5 4:30
3.	PLACE OF DEATH IN BALTIMO	RE, MARYLAND	4.	USUAL RESIDENCE (Whe	e deceased lived. If	institution: residence before odn
			A-		"	1-30
	FULL NAME OF (If not in h HOSPITAL OR oddress or	ospitol or institution, give street location)		Maryland		RURAL and give township)
1	INSTITUTION			Baltimore	isige city limits, write	KOKAL ONG GIVE TOWNSHIP!
1	3219 Pow	hatan Avenue	D		rural, give location)	
1	J~17 10W	na van Avenue	110.			
6		The same of the sa		3219 Powhatan		
3	Female Colored		(specify)	Nov.25,1878	9. AGE (In years lost birthdoy) 86	Months Days Hours
		of work 108. KIND OF BUSINESS OF	R INDUSTRY 11.	BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
don	ne during most of working life, even if House wife	(etired)		Baltimore, Man	ryland	WHAT COUNTRY:
13.	FATHER'S NAME			MOTHER'S MAIDEN NA		
	Joseph Pin	kney		Sarah Hopl		
15. (Ye	. Was Deceased Ever in U. S. Ames, no or unknown) (If yes, give wor	ned Forces? 1 6. SOCIAL or dates of service) SECURITY		NFORMANT		ADDRESS
				Charles H A	Scott 3210	Powhatan Ave.
	18. > 9 1/2 VI		CAUSE OF D		20000 JAL	INTERVAL BETWEE
	DISEASE OR CONDITION	ON DIRECTLY	(1)	n /-	D	ONSET AND DEA
	LEADING TO D		" Corel	ral onterina	Croses	10 years
	(This does not mean the me		DUE TO			······································
	heart failure, asthenia, etc. 11 injury or camplication which					
	ANTECEDENT C		(B)		\$\$ 44-5 0 54 5 5 5 8 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	108 00000000000000000000000000000000000
	DISEASES OR CONDITIONS		DUE TO			
11	rise to the above cause		(0)			
	use to the abase canse	(A) storing the	(C)			
	UNDERLYING CONDITION IN		(C)			
			(C)			DEL DEL DOCTOR DEL
NO	UNDERLYING CONDITION I	ONS CONTRIBUTING	(())			
ATION	UNDERLYING CONDITION IN OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NO DISEASE OR CONDITION CAL	ONS CONTRIBUTING T RELATED TO THE				
IFICATION	UNDERLYING CONDITION IN OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NO DISEASE OR CONDITION CAL	ONS CONTRIBUTING T RELATED TO THE		20 A. AUTOPSY? (Yes or No		
ERTIFICATION	UNDERLYING CONDITION IN OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CALL 19A.DATE OF OPERATION 19 W.	ONS CONTRIBUTING T RELATED TO THE SING IT. B. CONDITION FOR WHICH OPERA	ATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATION	UNDERLYING CONDITION IN OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NO DISEASE OR CONDITION CAL	ONS CONTRIBUTING T RELATED TO THE SING IT. B. CONDITION FOR WHICH OPERA AS PERFORMED 21 B. PLACE OF IN	ATION NJURY (e.g., in or		20B. IF YES, WER IN CERTIFYING C	
AL CERTIFIC	UNDERLYING CONDITION IN OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CALL 19A.DATE OF OPERATION 19 W	ONS CONTRIBUTING T RELATED TO THE SING IT. B. CONDITION FOR WHICH OPERA AS PERFORMED 21B. PLACE OF IN home, form, focto	ATION NJURY (e.g., in or	20 A. AUTOPSY? (Yes or No	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
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CAL CERTIFIC	UNDERLYING CONDITION IN OTHER SIGNIFICANT CONDITION THE DEATH BUT NO DISEASE OR CONDITION CAU 19A.DATE OF OPERATION 19 21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING (Month) (Doy) 21D. TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that (I) (this had that (II) (we) lost sow the dound hour and from the couse 23A. SIGNATURE	ONS CONTRIBUTING T RELATED TO THE USING IT. B. CONDITION FOR WHICH OPERA AS PERFORMED YING (Year) (Hour) 21E. INJURY OCC While At Ospitol) ottended the deceased deceased alive on	NJURY (e.g., in or only, street office CURRED Not White At Work If from At Work At Many Attendin Phys.	20 A. AUTOPSY? (Yes or Not obout 21 C. WHERE DID bidg., INJURY OCCUR? 21 F. HOW DID INJ 19	URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? OTO City, give exect locotion) Nov 13 19
CAL CERTIFIC	UNDERLYING CONDITION IN OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CAL 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE DEATH (notify medical examine) 21D. TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that (1) (this had than (1)) (we) lost sow the dependence of the couse	ONS CONTRIBUTING T RELATED TO THE SING IT. B. CONDITION FOR WHICH OPERA AS PERFORMED YING (Year) (Hour) 21E, INJURY OCC While At Work Ospitol) ottended the deceased deceased alive on the session of	ATION NJURY (e.g., in or only, street, office CURRED Not White At Work If from M.D. Attendin Phys. 23D.	20A. AUTOPSY? (Yes at No about 21C. WHERE DID bidg., INJURY OCCUR? 21F. HOW DID INJ 19 ond the	URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? OTO City, give exact location) Nov 13 19
MEDICAL CERTIFIC	UNDERLYING CONDITION IN OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CAU 19A.DATE OF OPERATION 19 21A.ACCIDENT WAS UNDERLOW CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING (Month) (Doy) 21D.TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that (1) (this had than (1)) (we) lost sow the doond hour and from the couse 23A. SIGNIATURE 23C.PHYSICIAM 2 NAME (Tyles) A. BURIAL CREMATION, 24B. D.	ONS CONTRIBUTING T RELATED TO THE SING IT. B. CONDITION FOR WHICH OPERA AS PERFORMED YING 21B. PLACE OF IN home, form, focto etc.] (Year) (Hour) 21E. INJURY OCC While At Work Ospitol) ottended the deceosed eccosed alive on	ATION NJURY (e.g., in or only, street, office) CURRED Not White At Work If from M.D. Attendin Phys. 23D. M.D.	20A. AUTOPSY? (Yes or No obout 21C. WHERE DID bidg., INJURY OCCUR? 21F. HOW DID INJ 19 0.1 ond the the body after death. ADDRESS	URY OCCUR? Stoff Phys. Stoff Carl C	E FINDINGS CONSIDERED AUSES OF DEATH? OTO City, give exact location) Flow 13 19
MEDICAL CERTIFIC	UNDERLYING CONDITION IN OTHER SIGNIFICANT CONDITION THE DEATH BUT NO DISEASE OR CONDITION CALL 19A.DATE OF OPERATION 19 21A.ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING (Month) (Doy) OF INJURY (APPROX.) 22. I certify that (I) (this had not and from the couse 23A. SIGNATURE 23C.PHYSICIANS NAME (Tyles) A. BURIAL CREMATION, 24B. D. REMOVAL (Specify)	ONS CONTRIBUTING T RELATED TO THE SING IT. B. CONDITION FOR WHICH OPERA AS PERFORMED YING 21B. PLACE OF IN home, form, focto etc.) (Year) (Hour) 21E. INJURY OCC While At work Ospitol) ottended the deceosed eccosed alive on	ATION NJURY (e.g., in or only, street, office CURRED Not White At Work did one view M.D. Attendin Phys. 23D. M.D. ETERY or CREMA	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or No 21C. WHERE DID 21F. HOW DID INJ 21F. HOW DID INJ 21F. HOW DID INJ 21F. How Did in 31	URY OCCUR? Stoff Phys. Stoff Carl C	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location) 19 pinlan deoth occurred on the location of the locati

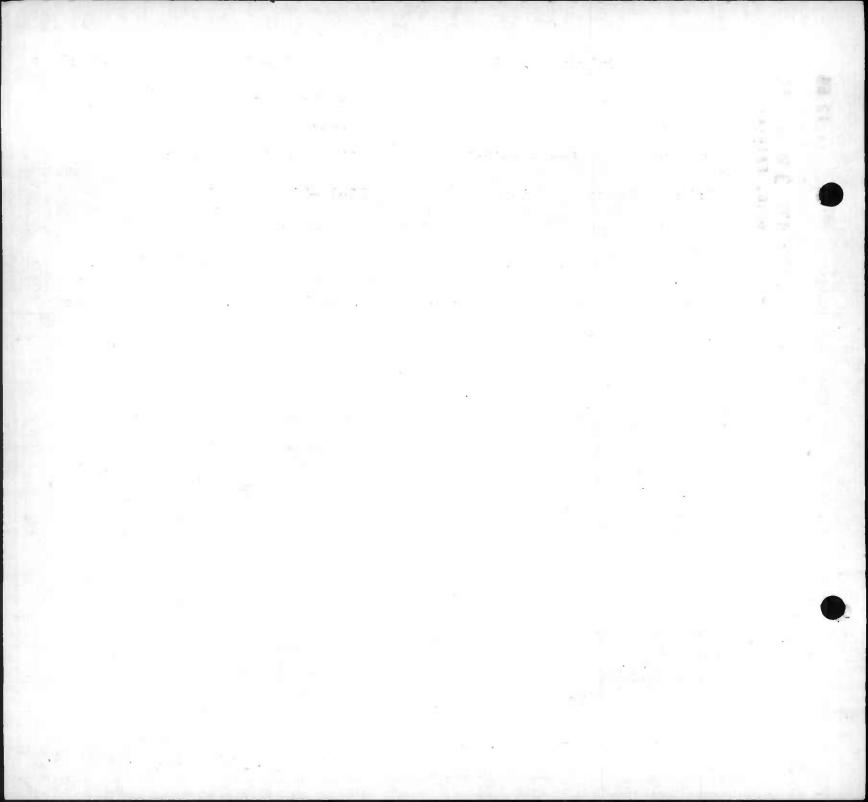
NOV 17 1965 Rent 8, Faluna VS 150-REV, 1/1/65

Arlington S. Phillips 1727 N. Monroe St.



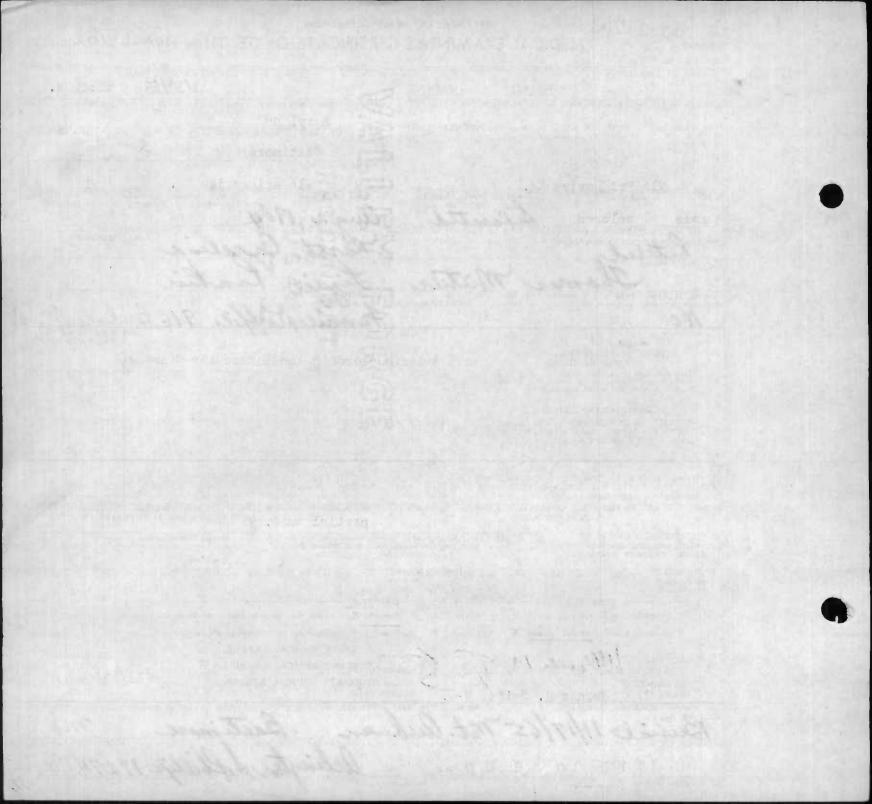
FUNERAL DIRECTOR: IMPORTANT	ANT	OSTI	110000 G0100	11 12 65	K-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct on contributing cause at death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undertributing cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was at a hospital (except where the physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	stant if dedirect ind; (4) Ueath was earth was all dispos	on contribution is made	d in	a hospital cause and descare in the cause on to death. S	the day

BALTIMORE CIT	Y HEALTH DEPARTMENT	44500
M.E. CASE NO.	ATE OF DEATH Registered No.5	11/00
T.NAME OF DECEASED (Type or Print) Fairfax F. King	2. DATE AND HOUR OF DEATH	11:10 a
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or instilution, give street)	A. STATE B. COUNTY Maryland	itution: residence befare admission
HOSPITAL OR oddress or locotion) NSTITUTION	c. cin or town (If outside city limits, write RU Baltimore	RAL and give township)
The Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give locotion) 2344 McCulloh Street	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widow	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 87	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work log, KIND OF BUSINESS OR INDUSTR done during most of working life, even if refired) Minister	Y 11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John King	14. MOTHERS MAIDEN NAME Tennessee Black	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) - 16. SOCIAL SECURITY NO. 218-36-2181	17. INFORMANT F. Francis King Jr. 2344 McC	ADDRESS Culloh Street
170 ケス	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	Cerebral Atherosclerosis	years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIT	NDINGS CONSIDERED
WAS PERFORMED	NO	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore of office bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Whork At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) attended the deceased fram_1	,	12 19.65
and haur and from the causes stated above. (1) (We) (did) (did not)		an death accurred on the do
Tel V- Silver	ttending Med. Stoff Phys. Phys.	11/12/65
NAME (Type) Lee J. Silver	Johns Hopkins Hospital	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF C		town, or county) (State)
Burial 11-16-65 Mt. Auburn Ceme 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN NOV 17 1965 P.O. 6-9 For Company	Baltimore, Mary Sc. FUNERAL DIRECTOR Arlington S. Phillips 172	7 N. Monroess t.
VS 150-REV. 1/1/65	* 7	



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M	0	0	0

65 11/01	BALTIMORE CITT HEA	
BIRTH NO. MEDIC	CAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 11761
M.E. CASE NO.		
T. NAME OF DECEASED (Type or Print)	SAAC MATIER	2. Date and Hour Pronounced Dead 11/13/65 11:10 a.
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET (ION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
A		Baltimore
		D. STREET ADDRESS (If rurol, give location)
916 Bridgeview F	1. MARRIED, NEVER MARRIED	916 Bridgeview Rd. B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs.
male colored	WIDOWED, DIVORCED (specify)	Months, Doys Hours, Min.
IOA. USUAL OCCUPATION (Give kind of work)	108. KIND OF BUSINESS OR INDUSTR	Y 1]. BIRTH/LACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)		north Carolina WHAT COUNTRY?
13. FATHER'S NAME	1 22 -40	14. MOTHER'S MAIDEN NAME
Thomas	Matier	Fissie, Lanken
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dotes		17. INFORMANT ADDRESS
NO		Famil Suffil 916 Bridgewent
18. 422.11	CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY Arterio	osclerotic cardiovascular disease
(This does not mean the mode of	dying, e.g., DILE TO	2901010010 042 410 140 04241 410 040
heart lailure, asthenia, etc. It means injury or complication which coused de	eoth.)	
ANTECENDENT CAUSES		
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.		
Z	(C)	
OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONDITIONS OF THE CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONDITIONS OF THE CONDITIONS OF	ATED TO THE	
19A. DATE OF OPERATION 19B. COND. WAS PERFO	THON FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED partial autopsy Certifying Causes of Death?
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21C. WHERE DID (II in Boltimore City, give exoct location) office bldg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)		WHILE
22. I certify that I held an Inc	quiry Inspection A	Att At. and that on this basis, death In my apinion
resulted fram: Natural cau		
Tooling Ham Harder and	Accident L	CHIEF MEDICAL EXAMINER
ACTUAL Allegare	N 5 6	ASSISTANT MEDICAL EXAMINER X
SIGNATURE EXAMINER'S	M. (ASSOCIATE MEDICAL EXAMINER 11/13/65
NAME (Type) Werner U.	. Spitz, M.D.	
REMOVAL (Specily)	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Burial 11/17/	65 Mt. Wuh	urn Ballimare Mr.
24A, DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NOV 17 1965 P.C.	F. E. Fr. Owns	Willington & Shellife 17271 Mours
VS 151-REV. 1/1/65	The state of the s	B

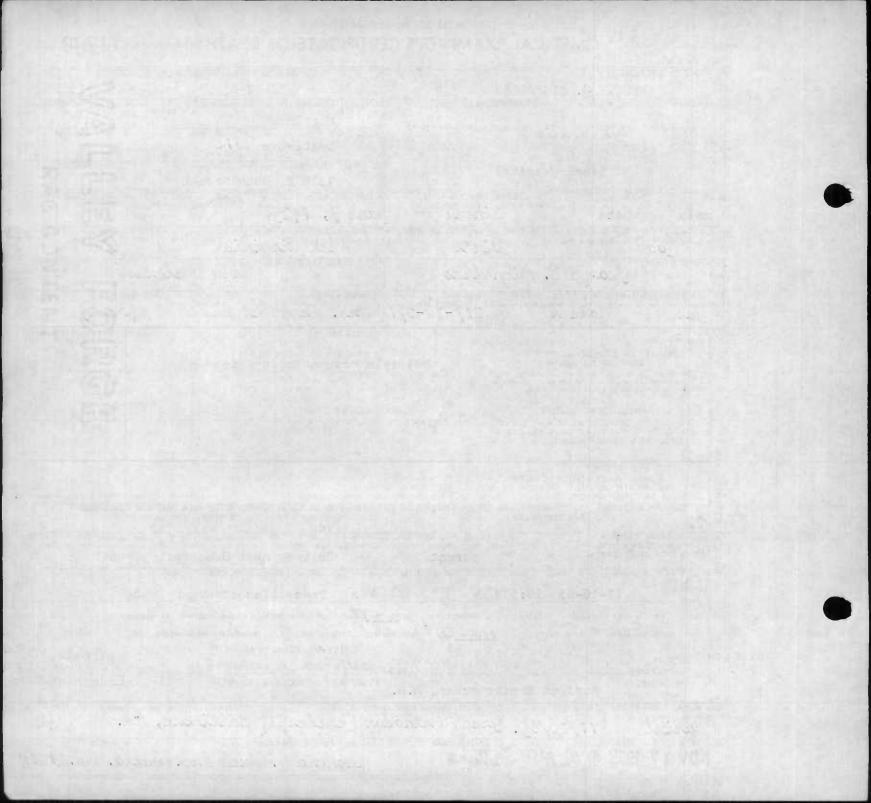


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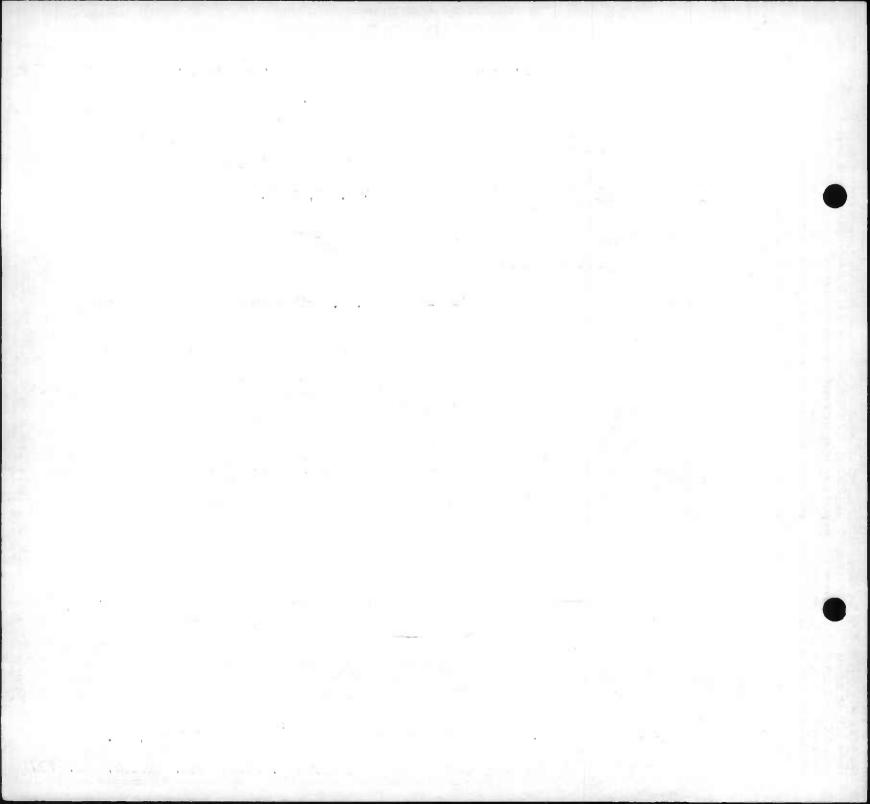
24A, DATE REC'D BY HEALTH DEPT.

24B, NAME OF REGISTRAR

eonard J. Ruck Inc. Balto. Md. 21214

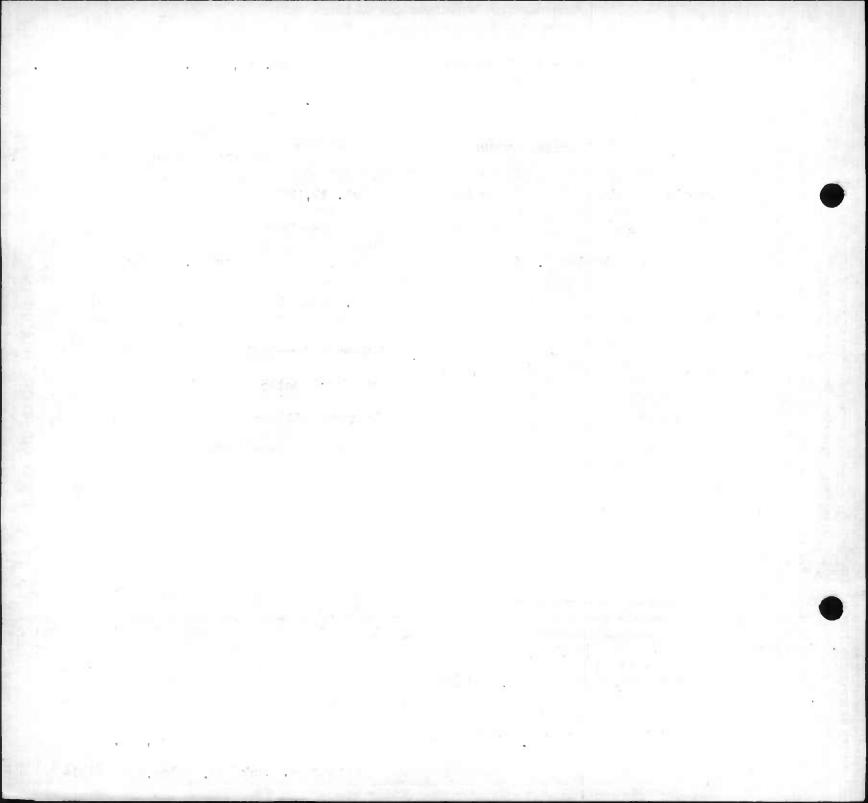


		BALTIMORE CITY	Y HEALTH DEPARTMENT	CE 14FIOO
BIRTH M.E. C	NO. ASE NO. 65 1.3	L763 CERTIFICA	TE OF DEATH Registered N	.65 11763
1.NAM (Type o	or Print) (Lara	G. Hussman	Nov. 16,1965	112 AM
	CE OF DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Where deceased lived. I A. STATE B. COUNTY	f in stitution: residence before admission)
HO:	PITAL OR oddress or location)		C. CITY OR TOWN (If outside city, limits, wi	te RURAL and give township)
0	3204 Gibbo	ns Avenue	D. STREET ADDRESS (If rurol, give location)	s Avenue
-	emale White	WIDOWED, DIVORCED (specify)	Aug. 31, 1881.	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	SUAL OCCUPATION (Give kind of work) Iring most of working life even if retired) Housewife	Own Home	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY?
13. FA1	Charles	Schulz	14. MOTHER'S MAIDEN NAME	t
15. Wo (Yes. 90	s Deceased Ever in U. S. Armed Forc or unknown) (If yes, give war ar dates O	of service) SECURITY NO.	Mr. C. Arthur Hussman	(Same)
18.	DISEASE OR CONDITION DIRE		DE DEATH	INTERVAL BETWEEN ONSET AND DEATH
Di	his does not meon the mode of out foilure, osthenio, etc. It means that out or complication which caused antecedent CAUSES SEASES OR CONDITIONS, if one for the obove cause (A) NDERLYING CONDITION lost.	the disease, death.) (B) DUE TO	teus denses is benend	zed 5 hjears
ATIC	THER SIGNIFICANT CONDITIONS CO D THE DEATH BUT NOT RELAT ISEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION 198. COND.	HITON FOR WHICH OPERATION	De La CYR Discon per la CYR Discon per la CYR Discon per la CYR Discon 20A. AUTOPSY? (Yes or No) 20B. IF YES, WEI IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
A DE	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21& PLACE OF INJURY (e.g., home, form, factory, street, a	in or obout 21 C. WHERE DID (If in Boltin	nore City, give exact lacation)
W OF	D. TIME (Month) (Day) (Year) INJURY PPROX.)	(Hour) 21 E. INJURY OCCURRED While At Not Whi Work At Work		
the	ot (I) (watost saw the deceased	ottended the deceosed from Solive on	19 65 ond that in (my) (out)	ppinion death occurred on the date
	C. PHYSICIAN'S NAME (Type)	E/P	23D. ADDRESS	238 DATE SIGNED 65
24A. B	URIAL CREMATION, 24B. DATE EMOVAL (Specify) Burial 11/19/65	Parkwood Cemeter		(City, town, or county) (Stote) More, Md.
25A. D		25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	. Balto. Md. 21214



-	certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death ws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Do.A. at a hospital (except where the physician who pronounced death was in regular attendance on the eased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such ten approval must be obtained before the remains are embalmed or final disposition is made.	
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	occur ontrib ermin regul	
	or co Indet Is in dece	
5	irect lirect (4) U h wo n the dispos	
STAP	sistar the c kind deat deat	
APOI	his as so, if of any inced enda	
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FUNERAL DIRECTOR: IMPORTANT	amine Imine A frac tho p egulo	
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	certificate must be approved by the chief medical examiner or his assistant if death occurred body was released to the hospital by a medical examiner. Also, if the direct or contributinws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined to D.O.A. at a hospital (except where the physician who pronounced death was in regular eased private to death); and (6) No physician was in regular attendance on the deceased priven approval must be obtained before the remains are embalmed or final disposition is made.	
	was I An a A. at prior	
	body vs: (1) D.O.	

BIRTH NO. M.E. CASE NO.	65 1	1764 CERTIFICA	ATE OF DEAT	TH Registered N	65 11764
1. NAME OF DEC		Edith Cooney		ov. 16, 1965.	1 P.
FULL NAME O HOSPITAL OR INSTITUTION	f (If not in hospital o oddress or location) 1427 Walke	r institution, give street	A. STATE Md. C. CITY OR TOWN D. STREET ADDRESS	COUNTY	
5. SEX Female	6. RACE White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH Oct. 17,189	9. AGE (In years	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
done during most of	JPATION (Give kind of work) working life, even if retired) ewife	OB. KIND OF BUSINESS OR INDUSTR		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAM	Charles W.	Ringrose	14. MOTHER'S MAIDE	Mary E.	Hooper
15. Was Deceased (Yes, no or unknown NO	Ever in U. S. Armed Force (If yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.	Mrs. Edith	Vott	ADDRESS (Same)
(This does not heart failure, injury or com	SE OR CONDITION DIRE LEADING TO DEATH Of mean the made of asthenia, etc. Il means in application which caused of ANTECEDENT CAUSES OR CONDITIONS, if a a above cause (A)	dying, e.g., DUE TO he disease, death.) (B) DUE TO ny, giving	Cerebral Thro Arteriosclero Diabetes Mell	tic Heart Disc	onset and DEATH 4½ Months ease
OTHER SIGNI TO THE D DISEASE OR	CONDITION Iost. II FICANT CONDITIONS CO EATH BUT NOT RELAT CONDITION CAUSING IT.	ONTRIBUTING ED TO THE			
THE O	OPERATION 198. COND WAS PERFO	ITION FOR WHICH OPERATION DRMED 21 B. PLACE OF INJURY (e.g.,		IN CERTIFTING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBLE	TING CAUSE OF medical examiner	home, form, foctory, street,	office bldg., INJURY OCC	UR?	tore City, give exect locoson;
21 D. TIME OF INJURY (A PPROX.)	Month (Doy) (Year)	While At Not What Work At Work	ile 🦳	ID INJURY OCCUR?	T IT
		alive on	19 65	ond that in(my) (our) o	ppinion death occurred on the do
23A. SIGNATU	Ben Hetz	d obove. (1) (We) (did) (did not) tian , M.D. Al	tending Med. Director 23D. ADDRESS \ \(\) \(\)	Stoff -	23B. DATE SIGNED
23C. PHYSICA		W.D	PDS.	BALTO.	34, MD.
Buria	11/20/6	Baltimore Cemete			(City, town, or county) (Stote) Ore, Md.
NOV 17	1965 Per	25 NAME OF REGISTRAR	Leonard J.		ADDRESS



and

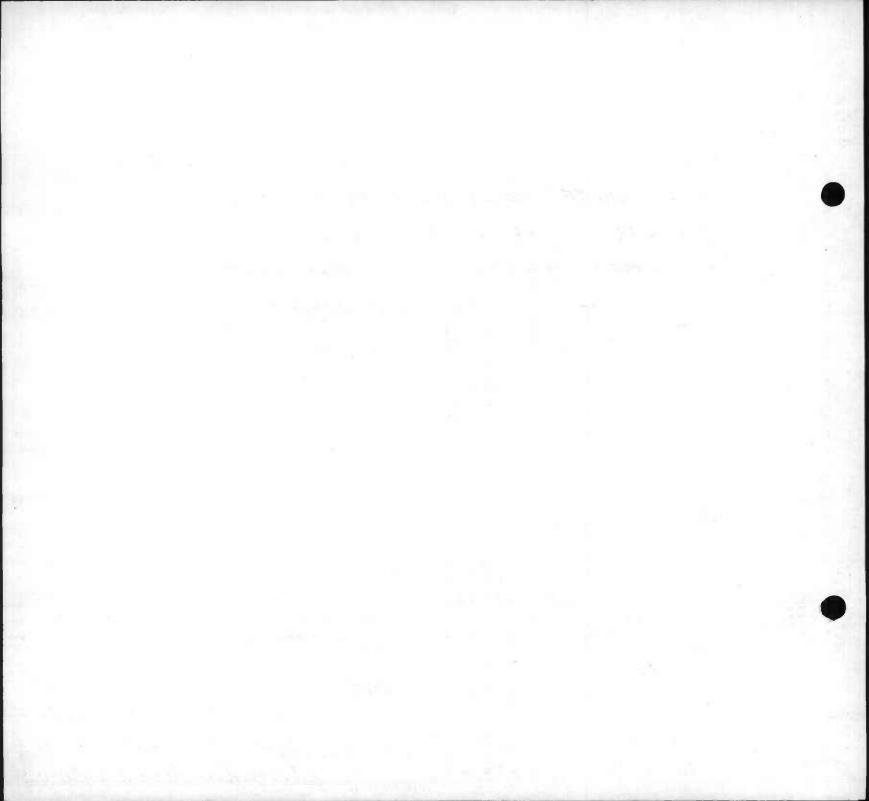
TH NO. 13 265 11765 CERTIFICATE OF DEATH Registered No.65 1176	
	J
E. CASE NO. NAME OF DECEASED 2, DATE AND HOUR OF DEATH	
pe or Print)	1 4
PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY	before odmiss
FULL NAME OF (If not in hospital or institution, give sheel oddress or location) (If not in hospital or institution, give sheel oddress or location) (If not in hospital or institution, give sheel oddress or location) (C. CITY OR TOWN (If outside city limits, write RURAL and give to	wnship)
5 CHURCH HOME & HOSPITA C D. STREET ADDRESS (If rurol, give locotion)	
400 S CAROLINE ST	
CEY / BACE TO ALABRIED ALEVER ALABRIED TO DATE OF DISTU	If Under 24 Hours Min
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF	1
what cou	NTRY?
TRUCKER PEHNA R.R. BALTIMORE MD US	A-
FATHER'S NAME	
FAMES MOULDS MARCARET MARTIN	
Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRE	\$\$ /
s, no or unknown/ III yes, give wor or dotes of service! SECURITY NO.	- 11.7
NO - 3175090275WILLIAM TMOULOS 5117 BALT	ONAI
ONSET	AL BETWEEN
DISEASE OR CONDITION DIRECTLY	
O I THE CONTROL OF THE CONTROL OF THE	******
(This does not mean the made of dying, e.g., DUE TO healt failure, asthenia, etc. It means the disease	
injuly all camplication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving 2	
ise la the above cause (A) stating (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSI	DERED
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR?	locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
Work Al Work	
22. I certify that (I) (this hospital) attended the deceased from 2/5 1960 to 1/1/6	1965
that (1) (we) lost saw the deceased alive on 6/02 19 65 and that in (my) (our) opinion death occu	
and hour and from the causes stated above. (1) (1) (did not) view the body after death.	
	D /
15 V 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The W- Laston M.D. Phys. Director Phys. 11/1	7/65
23C. PHYSICIAM'S NAME_(Type) 23D. ADDRESS	
TOWN BRADIAN MD M.D. 129 S.BRODWAY BOWAY	7 W.

24A. BURIAT CREMATION, REMOVAL (Specify)

BURIAL 24C. NAME of CEMETERY OF CREMATORY 24B. DATE 24D. LOCATION (City, town, (Stote) 25B. NAME OF REGISTRAR RACCEM OLD

25C. FUNERAL DIRECTOR

A. LLO BARO HEALTH DEPT. K RD ADDRESS 25A. DATE 1965 VS 150-REV. 1/1/65



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			BALTIMORE CITY HEA	LTH DEPARTMENT		15 44 PICC
BIRTH NO. 65	1170 MEI	DICAL EX	(AMINER'S C	ERTIFICATE	OF DEATH Regis	stered NO.5 11766
M.E. CASE NO.						
1. NAME OF D	ECEASED			2. D	ATE AND HOUR PRONOUP	ICED DEAD
(Type or Print)		MINNIE	CRAWFORD		11/16	6/65 10:35 a.
3. PLACE IN BA	LTIMORE, MARYLAND,			4. USUAL RESIDENC	E (Where deceased lived, If i	n stitution: residence before admissio
				Mary 3		DUNTY
FULL NAME OF	ADDRESS OR LO	PITAL OR INSTITU CATION)	JTION, GIVE STREET			rite RURAL and give township)
INSTITUTION				D-14		6-14
0					lif rurol, give location)	001
/						
5. SEX	7 N. Anne		NIEWER AAARRIED	B. DATE OF BIRTH	Anne St.	rs If Under 1 Yr, If Under 24 H
D. SEX	o. KACE	WIDO WED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIKIN	lost birthdoy)	Months Doys Hours Min
female	white	Midow	ed	Aug 25 190	16 59	
IDA. USUAL OC		vork 108. KIND OI	BUSINESS OR INDUSTR	Aug 25 190	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	of working life, even if retired Sevi fo	0)		Ann a Anna P		T S A
13. FATHER'S NA				14. MOTHER'S MAIDE	N NAME	0.54
	Winner Mar					
15 WAS DECEA	Frank Weine		16. SO CIAL	17. INFORMANT	line Herzog	ADDRESS
	vn) (If yes, give war or d		SECURITY NO.	THE OWNER OF THE PERSON OF THE		
No			None	Davidena The	upson 322 S We	
11B.	221			OF DEATH	anti-Bon 344 2 MS	WHEN A STWEE
RISE TO T	S OR CONDITIONS, IF	STATING THE	DUE TO			
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OTHER SI TO THE	GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSI	RELATED TO T				a. a
	OF OPERATION 198. C		WHICH OPERATION		s of No.) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
21A EXTERN	IAL CAUSE WAS	21 R.	PLACE OF INILIRY (e.g.	in or about 21C WHER	RE DID III in Boltimore City,	sive exact location)
UNDERLYING CA	OR CONTRIB-	home etc.)	e, form, foctory, street,	office bldg. INJURY OC	CUR?	
21D TIME OF INJURY	(Month) (Doy) (Y	(eor) (Hour) 2	TE. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
(APPROX.)		m. \	WHILE AT NOT	WHILE		
22.						
I ce	ertify that I held on	Inquiry	Inspection X Au	topsy ond the	ot on this bosis, death i	n my opinion
res	ulted from: Notural	couses X	Accident Suicid	le Homicide	Undetermined mo	nner
			~ /	CHIEF MEDI	CAL EXAMINER	DATE SIGNED
ACTU		011		ASSISTANT MEDI	CAL EXAMINER X	DATE SIGNED
EXAM	INER'S Werner (Type)	r U. Spit		ASSOCIATE MEDI		11/16/65
23A. BURIAL C	REMATION, 238. DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (C	ity, town, or county) (State)
REMOVAL (Spec	cify)					40
Buris		20 1965	Holy Redeeme		4430 Belair	
24A. DATE REC	D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL D	DIRECTOR	ADDRESS
NOV.	17 1065 10	107		Dinnel F	tros. Inc 1800	E Lombard St.
1 1 1 1 1 1	1 / Man 1 / 1	Mars & J. Jakes	A R S (64 %)	-Thhere I		

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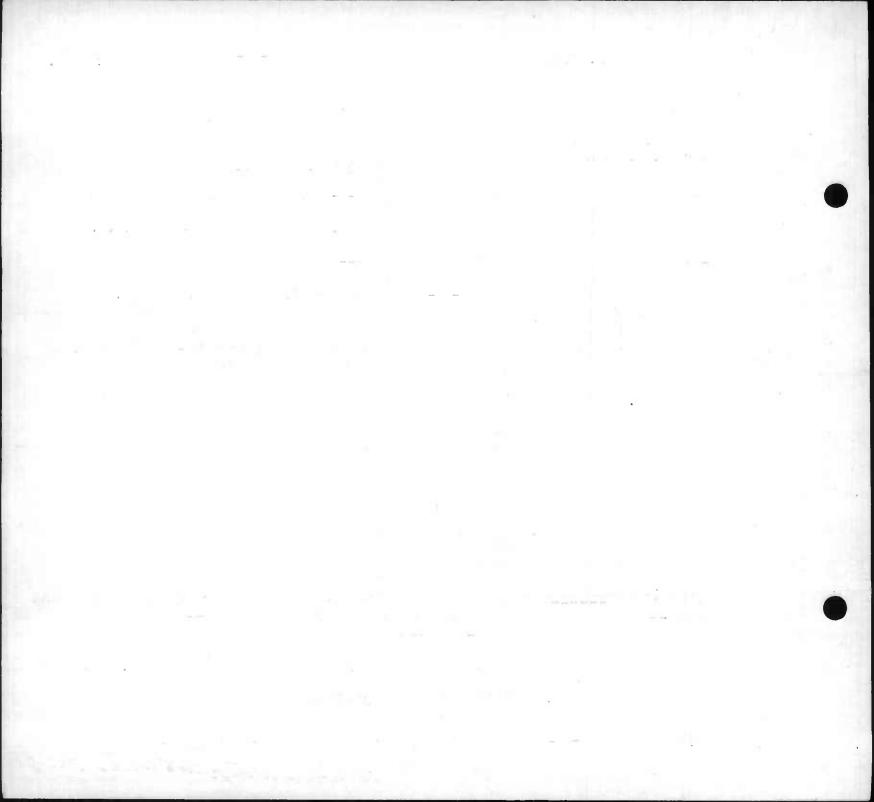
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A. A. pr	244 244
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	24A. BURI REM
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M.E. CASE NO.	CEASED		CERTIFICA	TE OF DEATH	Registered No.5	
Type or Print)		0 0				I 7 00 A
B. PLACE OF D	Rives	S. CE	TACO	NOV	15,1965	7:00 A.
, reads or b	and the second of the	ALKI BAILO		A. STATE B. COU	NTY	>
FULL NAME		ol or institution,	give street	Maryland		50/
INSTITUTION	K Oddiess of loco	10117			utside city limits, write RUI	RAL ond give fownship)
And	leigh Nurs	ing How		Baltimore D. STREET ADDRESS (frurol, give location)	
All	TerBit MM.2	rug non	10			
5. SEX	6. RACE	7 AAADDIED), NEVER MARRIED	3820 Roland		If Under 1 Yr. , If Under 24 H
		WIDOWE	D, DIVORCED (specify)		lost birthdoy)	f Under 1 Yr. If Under 24 H Aonths Doys Hours Min.
Male	White	Marri	ed	Nov 28,1888	76	
done during most	of working life Chan if whire	i)	CO CO	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Freasur	er & Man	Mt.Roy	al Printing	Kentucky		U.S.
3. FATHER'S N	AME			14. MOTHERS MAIDEN NA	AME .	
T	wing T Co.	TAA		Robbie T Di	370.0	
5. Wos Deceos	ving J. Car	forces?	16. SOCIAL	Robbie L. Ri	V03.	ADDRESS
Yes, no or unkno	wn) (If yes, give wor or d	otes of service)	SECURITY NO.			
				Mrs.Ruth Cay	ce.3820 Rol	
1B. 4	20.11		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION I LEADING TO DEAT		4			0
(This does	not meen the mode		(A) ACU	te myocardial	Liniarction	2 mo.
heart failur	e, oslhenio, elc. Il meo	ns the disease		eriosclerotio	- cardio-	10 yrs.
injuly of co	omplication which caus		w vas	cular disease	carato	10 y15.
	ANTECEDENT CAUS		DUE TO			*******************************
	OR CONDITIONS, i		Sen:	ile dementia		2 yrs.
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	- 11					
V TO THE	NIFICANT CONDITIONS	CONTRIBUTION	IG			
DISEASE O	R CONDITION CAUSING	G IT.	ne			
19A. DATE		ONDITION FOR ERFORMED	WHICH OPERATION		IN CERTIFYING CAUSE	DINGS CONSIDERED
E O				No		
OR CONTRI	BUTING CAUSE OF	21 ho	8. PLACE OF INJURY (e.g., is me, form, factory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore C	lity, give exact location)
U	ify medical examiner)	eto	:.)			
OF INJURY	(Month) (Doy) (Yes	or) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY			hile At Not While At Work	•		
22 1	(4) -4 (1) (4) 1 1		(1)	tober 26,	in 65 Norman	ber 15, 1965
22. I certi	ry mar (1) (1015-0050)	(aftended	November 10	65		
						an death occurred an the c
		tated abave.	(I) (We) (did) (did net) v	iew the bady after death		
23A. SIGNA	TURE -	200	1			38. DATE SIGNED
	topen.	A CX	M.D. After	s. Med. Director	Staff Phys.	Nov. 15, 1965
23C. PHYSIC NAME				23D. ADDRESS		
HAME	Clark Lloyd E	. Saylo	r M.D.	3902 Greenn	nount Avenue	
24A. BURIAL CI	REMATION, 248. DATE	24C. N	IAME of CEMETERY or CRE			town, or county) (State
REMOVAL	(Specify)			14	,	
Burial	11/17	/65 St	Mary's Ham	oden 30	00 Roland A	ve Balto Md
NOV 4	8 1965 77 0	- M - L - L - L	/1	25C FUNERAL DIRECTO	()	ADDRESS
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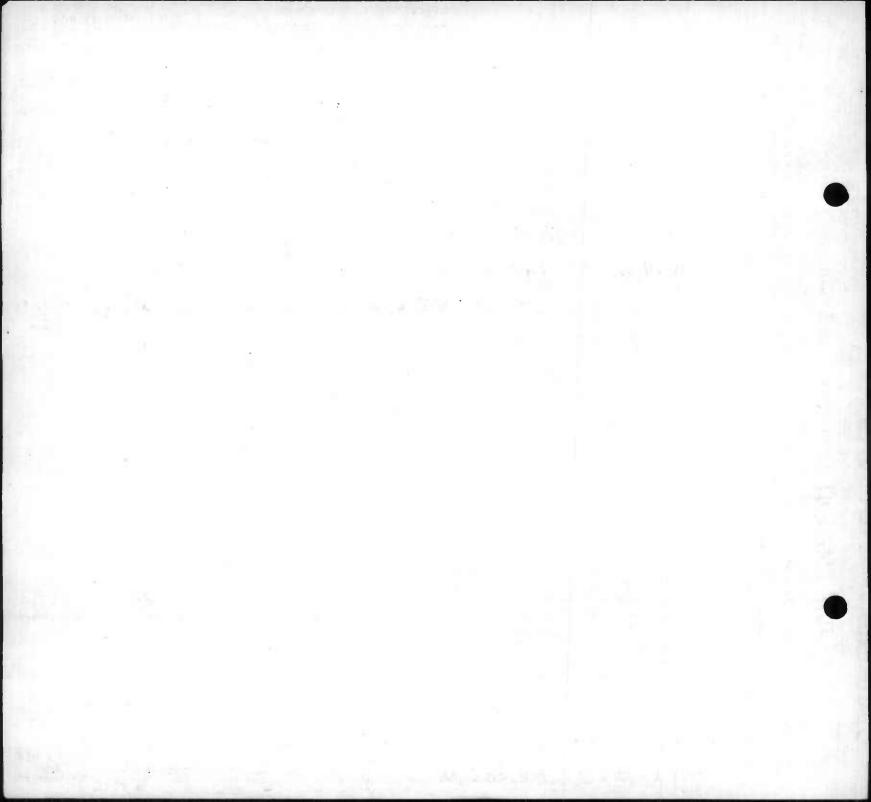
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BAL	. I IMORE	CITY	HEALIH	DEPARTM	EN

Prini) Laure J. Fisi E OF DEATH IN SALTIMORE, M NAME OF (If not in haspito oddress or location of the control	7. MARRIED, WIDOWEI WIDOWEI WIDOWEI Widow Ork 10B. KIND OF	NEVER MARRIED D, DIVORCED (specify) Wed F BUSINESS OR INDUSTRY 16. SOCIAL 213-093-75-8B CAUSE C	A. STATE Md. C. CITY OR T Balt: D. STREET AL 8. DAYE OF BI 7-5-18 11. BIRTHPLAG Pa. 14. MOTHER'S 17. INFORMAN Stanley DF DEATH teriosc	Balt OWN (If our imore DDRESS (If 880 CE (Stote or fore	imore tside city limits, write rurel, give location) St. AGE (In years lost birthday) 85 ign country) ME 338 W. 2	RURAL and give townshi If Under 1 Yr. If Under 1 Days Hours 12. CITIZEN OF WHAT COUNTRY U.S.A.
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6. RACE White COCUPATION (Give kind of we go most of working life, even if relired OUSewife ERS NAME Deceased Ever in U. S. Armed Frunknawn) (Iff yes, give wor or do DISEASE OR CONDITION DEADING TO DEATH se does not mean the made of failure, asthenia, etc. It means y ar complication which cause ANTECEDENT CAUSE	ork 10 B. KIND OF forces? totes of service) DIRECTLY H af dying, e.g., ns the disease, ad death,)	D. DIVORCED (specily) Wed F BUSINESS OR INDUSTRY 16. SOCIAL 21350757 7958B CAUSE C	B. DAYE OF BI 7-5-18 11. BIRTHPLAG Pa. 14. MOTHER'S 17. INFORMAN Stanley	N. 29th RITH 880 CE (Stote or fore MAIDEN NA. Y Fisher lerotic	St. 9. AGE (In years lost binhday) 85 ign country) ME 338 W. 2	12. CITIZEN OF WHAT COUNTRY U.S.A. ADDRESS 9th St.
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		1 - 1 100000000000000000000000000000000				
	any giving	DUE TO				
to the above cause (A		(C)				
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DATE OF OPERATION 198. CO	NDITION FOR	WHICH OPERATION				FINDINGS CONSIDERED
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF TH (notily medical examines)	hom	ne, lorm, foctory, street, o	in or about 21C. office bldg., INJU	WHERE DID RY OCCUR?	(If in Baltima	re City, give exact location
TIME (Month) (Day) (Yeo				HOW DID IN	URY OCCUR?	
ROX.)						
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(I) (we) lost sow the deceo	sed olive on	November 9,	19 6	5ond th	not in (my) (cut) op	pinion death occurred
SIGNATURE /	/ 0	(He) (did) (die Hei)	view rise body	orrer deoin.		23B. DATE SIGNED
House	191	M.D. AH	tending 🔀	Med.	Stoff Phys.	Nov. 16,
PHYSICIAN'S	U- 10	2000	23D. ADDRESS	-1166001	, 2	
Lloyd E						
AOVAL (Specily)	24C. N.	AME of CEMETERY of CR	REMATORY	24D. L	OCATION (C	City, town, or county)
			Cemetery	19.	Baltimore,	Maryland
IN R I I S	THE DEATH BUT NOT REASE OR CONDITION CAUSING C	ERECT BY HEALTH DEPT. ER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THASE OR CONDITION CAUSING IT. ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF Honority medical exominer (I) (we) lost sow the deceosed clive on (II) (we) lost sow the deceosed clive on (III) (We) lost sow the deceosed clive on	ERREYING CONDITION IGSI.	ERLYING CONDITION IGSI.	ER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE ASE OR CONDITION CAUSING IT. DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING 21th PLACE OF INJURY (e.g., in or about 21th Contributing Cause of Hone, form, factory, street, office bidg., INJURY OCCUR? H (notify medical examiner) TIME (Manth) (Day) (Year) (Hour) 21th INJURY OCCURRED while At Work Certify that (I) (this hospital) attended the deceased from September (I) (we) lost sow the deceased alive on Sovember 9, 19 65 and the hour and from the couses stated above. (I) (We) (did) (the met) view the body after death. SIGNATURE Attending M.D. Attending M.D. Attending M.D. Attending M.D. Attending M.D. Attending M.D. Director 1 21th Loraine Park Cemetery 12ft. In Jury Occurrence of Contribution of	CREATION CONDITION CONTRIBUTING

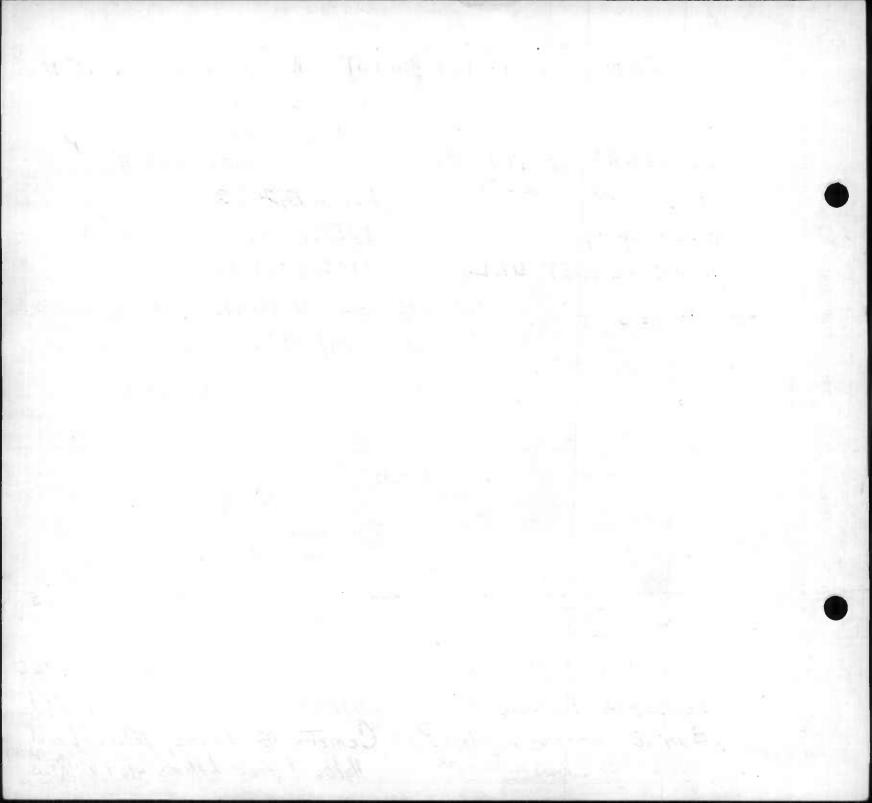


75705	BIRTH NO. 65 11769 CERTIFICA	ATE OF DEATH Registered No.5 11769
of death of death Deceased e on the	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
- D 00 G	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before permission)
- O O	3. PLACE OF DEATH IN BALLIMORE, MARILLAND	A. STATE B. COUNTY
a hos ause e; (5) ndanc to de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, Write RURAL and give township)
cat cat tend		D. STREET ADDRESS IT rural, give location
in Brief	Mary Hasp	D. STREET ADDRESS IT rural, give location)
buti ned lar lar ade.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
min min sed	M WIDOWED, DIVORCED (specify)	6-3-90 last birthday) Manths Days Hours Min.
cea cea	16A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or condet	Insurance agent Life Ons. Co.	Mashington (CS)
t de	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
nt if dea direct or ; (4) Und th was in the d	William F. HAUSMANN	Broket Unknown
B - B	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT
the the kin de nce fina	yes worldwar I 215-058564	A SON WILLIAM HAUSMANN 2916 Del ane
if if any any ced		OF DEATH INTERVAL BETWEEN ONSET AND DEATH
E 0 + E 0 B	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	unitedia malis a
Alsonon alme	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	coplastic maliging
iner ner. actu pro ular mba	injury ar camplication which caused death.)	-n) + chest way
fre fro	ANTECEDENT CAUSES (B) DUE TO	***************************************
X D A 3 L L	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
al e e e e e e e e e e	UNDERLYING CONDITION last.	
dical rns; sicia was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
med med buy buy buy an	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
hief ody he l sici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
he ch by (2) Bo re th phys	0 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
+ - 0 0 0	OR CONTRIBUTING CAUSE OF hame, farm, factory, street, etc.)	office bldg., INJURY OCCUR?
hospite nature; ept wh d (6) Nained b	O 21D. TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
he hosp ny natur xcept w and (6)	OF INJURY (APPROX.) While At Not Will At Work At Work	iile iile
the any reacce	22. I certify that (1) (this hospital) attended the deceased from	
0 0 0		11/16_19 G.5 ond that in(my) (our) opinion death occurred on the date
	ond hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter death.
eased ident nospit deat	23A. SIGNATURE M.D. A	23B, DATE SIGNED
E O O P O B	P. P. JOSKER	ttending Med. Stoff Phys. 1// C/C. 5
as and at at rior	23C. PHYSICIAN'S NAME (Type) M.D	23D. ADDRESS
W. W. A.	68/563	REMATORY 24D. LOCATION (City, town, or county) (State)
This certificate the body was r shows: (1) An a was D.O.A. at deceased prior written approv	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C	atione and the
This ce the bo shows was D decea	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ADDRESS ADDRESS
This the show was dece	NOV 18 1965 P. O. S. S. J. D. M.	John & Cowant Son one Lolling
	VS 150-REV. 1/1/65	23, ml.

BALTIMODE CITY HEALTH DEDADTMENTS



			BALTIMORE CITY	Y HEALTH DEPARTMENT				
		H NO.		TE OF DEATH Registered N	10.65 11770			
	1. N.	AME OF DECEASED	IST also ANNA H	WEST 2. DATE AND HOUR OF DEA	хтн			
		e or Print) ANNA K.	IWIST W	EST NOV. 16,1965 11:45 P. M.				
	3. P	LACE OF DEATH IN BACTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived. A. STATE B. COUNTY	If institution: residence before odmission)			
	H	ULL NAME OF (If not in hospital or institut IOSPITAL OR oddress or location)	ion, give street	C. CITY OF TOWN (If outside city limits, wr	ite RURAL and give township)			
4	6	NSTITUTION		BALTIMORE	63-00			
9.	1	LUTHERAN HOSE	PITAL	D. STREET ADDRESS (If rurol, give location) 2828 LOUISIANA	AVENUE			
made	5. S	EX 6. RACE 7. MAR	RIED, NEVER MARRIED DWED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yi. If Under 24 His. Months Doys Hours Min.			
15	IOA	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Clote or foreign country)	12. CITIZEN OF			
uo		during most of working life, even if retired)		PAITILIANT	WHAT COUNTRY?			
SIT	H	FATHERS NAME		DAL JIMORE	USA			
disposition		INITAL DIOLINAT II	L 1	MANDIESUSAN	UHL			
	15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	MARIE SUSAV	ADDRESS			
tinal	(Yes	i, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	PAILL G WILL	2828 LOUISIANA AD			
	-	18:33/XI	CAUSE C	PAUL G. WINK	INTERVAL BETWEEN			
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med		LEADING TO DEATH (This does not mean the made of dying,	(A) Cer	rebras Hemorrha ebro-basewar Acc	age			
palm		heart failure, asthenia, etc. It means the dise	ease,					
E E		injury or complication which coused death.) ANTECEDENT CAUSES	(B) Cer	ebro-vasewar Acc	esent			
		DISEASES OR CONDITIONS, if ony, gi	DUE TO					
Sare		rise to the above cause (A) stating UNDERLYING CONDITION last.						
the remains								
E	ON	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	JTING NON					
0	CAT	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION		ERE FINDINGS CONSIDERED			
e th	ERTIFIC	WAS PERFORMED	OK WHICH OFEKATION	IN CERTIFYING	CAUSES OF DEATH?			
before	0	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID (If in Bolti office bldg., INJURY OCCUR?	more City, give exect lecotion)			
	U	DEATH (notify medical examiner)	etc.)					
ained		21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED While At Not Whi	21F. HOW DID INJURY OCCUR?				
t a		(APPROX.)	Work At Work					
opt		22. I certify that (1) (his hospital) attend	A Corporation	1965 10	100.16 1965.			
pe				19 65 and that in (my) (aur)	apinian death accurred on the date			
must		and haur and from the causes stated above 23A. SIGNATURE	/e. (I)((We) (did))(did nat)	view the bady after death.	23B, DATE SIGNED			
E		Maritaria T Ma	LAS DA M.D. AH	lending Med. Stoff Phys. P				
٥/		23C. PHYSICIAN'S	many m	23D. ADDRESS	Nov. 16,1965			
pro		DESIDEDIA T. MAL	116 A 16 M.D.	I ITHERAM HASE	PITAL OF MY			
approval	24A		C. NAME of CEMETERY OF CR	ZAD. LOCATION	(City, town, or county (Stole)			
		BUMTAL 11-19-65 L	sudm Park	CEMETER Bultimon	& Marshand			
written	25A	DATE REC'D BY HEALTH DEPT. 25B. NA	MADE REGISTRAR	25C, FUNERAL DIRECTOR	E Mary Land			
3		MAN TO 1200 OFPENDS.	Farbey Mill	Hubbyrd FUNEMAL Ho	ME 410'7 Wilkens			
	VS	150-REV, 1/1/65			170-			



rect or contributing cause of death (4) Undetermined cause; (5) Deceased direct any of fracture the chief medical examiner 4 <u>ෆ</u> Body 0 3 to the hospital nature;

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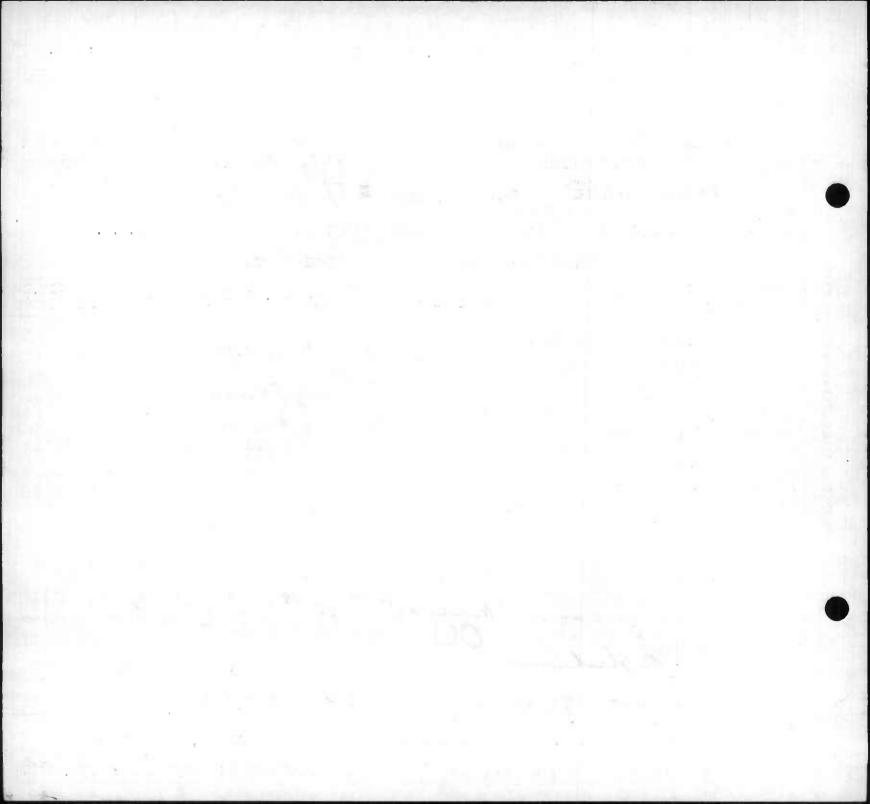
BALTIMORE CITY HEALTH DEPARTMENT 65 11771 CERTIFICATE OF DEATH Registered No. BIRTH NO. Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND, HOUR OF DEATH (Type or Print) LEONARD NORRIS BURBANK death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY A. STATE MARYLAND BALTIMORE (If not in hospital or instilution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) prior UNION MEMORIAL HOSPITAL D. STREET ADDRESS (If rurol, give location) 1241 POPLAR AVENUE, BALTIMORE 21227 mad 7. MARRIED, NEVER MARRIED If Under 24 Hrs. Hours : Min. 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys deceased Hours WIDOWED, DIVORCED (specify) lost birthdov MALE WHITE MARRIED June 14, 1910 IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) BALTIMORE, MARYLAND CONTRUCTOR U.S.A the 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME LEONARD BURBANK KKNKXXXXXX KKMMARD LEILA NORRIS LO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT **ADDRESS** 6. SOCIAL SECURITY NO. final ance NO MRS. BURBANK 1241 POPLAR AVENUE 21227 215-01-6712 CAUSE OF DEATH INTERVAL BETWEEN 9 attend ONSET AND DEATH DISEASE OR CONDITION DIRECTLY your deal Inferetion embalmed LEADING TO DEATH This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. Il means the disease, 10 injury or complication which coused death.) regul ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoling the UNDERLYING CONDITION IOSI. remains Was ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Idn TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) °Z DEATH (notify medical examiner etc. MEDI (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) At Work Work and 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on... ond that in (my) (our) apinion death occurred on the date eath) ond hour ond from the couses stated above. (1) (We) (dld) (did not) view the body ofter death. 23A. SIGN 23 B. DATE SIGNED 7 Attending Med. Stoff M.D. 0 Phys. Director _ approval Phys. 23C. PHYSICIAN 23D. ADDRESS prior NAME (Type) FRANCIS GLUCK M.D. 100 W. UNIVERSITY PARKWAY 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY 24D. LOCATION (City, town, or county) (Stote) eceased REMOVAL (Specify)

CREMATION 11/17/65 LOUDON PARK KEMETKEY BALT IMORE MARYLAND 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS HUBBARD FUNERAL HOME 4107 WILKENS AVE. 21229 VS 150-REV. 1/1/65

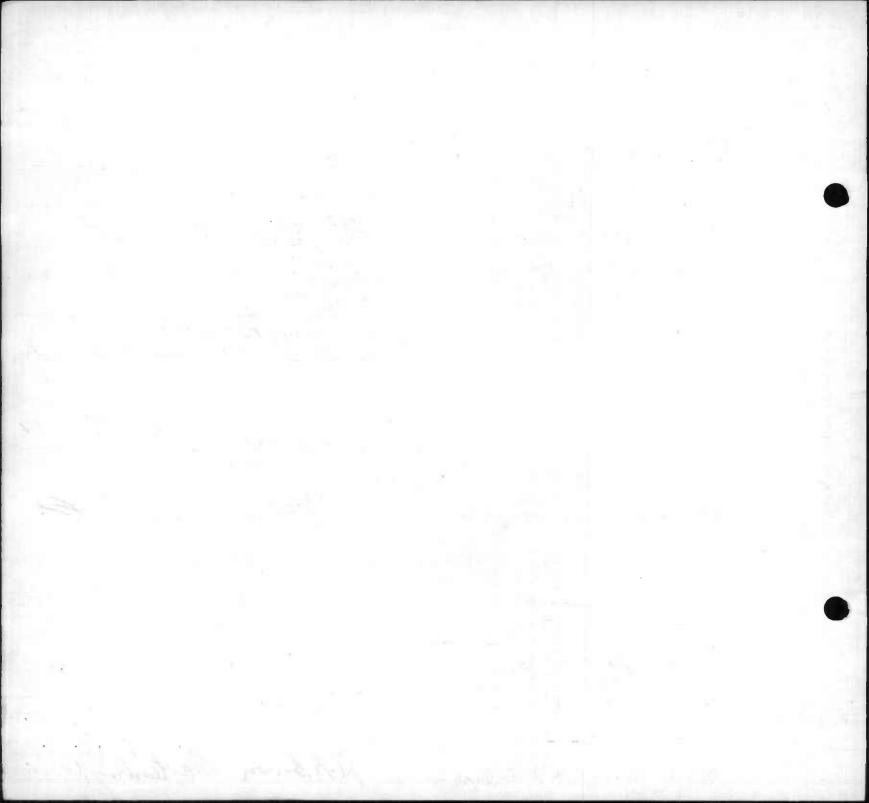


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

		Y HEALTH DEPARTMENT		E A Arevers
BIRTH NO. 65	11772 CERTIFICA	TE OF DEATH	Registered No.2	5 11772
M.E. CASE NO.	OEKTII 107			
(Type or Print) Italy A.	Fulkosk,	WOLL ,	HOUR OF DEATH	65 4:45 A.
3. PLACE OF DEATH IN MALTIMORE, A	MARYLAND	4. USUAL RESIDENCE Where	deceased lived. If in	stitution: residence before admission)
HOSPITAL OR oddress or loco	ol or institution, give street	C. CITY OR JOWN Ill outsi	MA RYT.	AND
le Lutheran H	oso tal	Bultimo.	e BALTI	- 1
LUTHERAN HOSP	,	111.2	mol, give location)	4426 ALAN BRIVE
5. SEX 6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of w	ork 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Store or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired DISPATCHER	ARBUTUS CAB COMPANY	BALTIMORE		U.S.A.
13. FATHER'S NAME CHARI	LES FULKOSKI	MINNIE HAST		
15. Wos Deceosed Ever in U. S. Armed I (Yes, no or unknown) (III yes, give wor or d NO	forces? oles of service) 16. SOCIAL SECURITY NO. 217-07-0513	17. INFORMANT MRS. 1	MAMIE FULKO	SKI 4426 ALAN DRIVE
18. 4 20,/1	CAUSE C	DE DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION I		h / h	1. 1 t. # 1	
LEADING TO DEAT	(A)	Acute Myorare	dial Lulardi	on / day
heart failure, asthenia, etc. It mea injury ar camplication which caus	ns the disease,			
ANTECEDENT CAUS		Country The	mbour	
DISEASES OR CONDITIONS, it		2		
rise to the above cause (A UNDERLYING CONDITION last.		Coronny Arter	in-atheriscle	ros is
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	ELATED TO THE			
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	218. PLACE OF INJURY (e.g., i home, lorm, loctory, street, c	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Yes	while At At Work		RY OCCUR?	
22. I certify that (I) (this hasai	tal) attended the deceased from		65 to N	ruber 12 19 65.
that (1) (we) last saw the decea	sed alive an November 17	19 68 and that		nian death accurred on the date
and have and from the causes s	tated abave. (I) (We) (did) (did nat)	view the body after death.		
23A. SIGNATURE	M.D. Att	tending Med. S	Stoll Phy s.	23B. DATE SIGNED
23C. PHYSICIAMS NAME (Type) Robert C.P.	hateman M.D.	23D. ADDRESS Lotthera	n Hospita	il the
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	REMATORY 24D. LO	CATION (Ci	ty, town, or county) (State)
BURIAL 11/20			LTIMORE,	MARYLAND
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	T 1101/E / 105	ADDRESS 01000
NOV 18 1965 () C.	68. Saileuna	HUBBARD FUNERA	L HOME 4107	WILKENS AVE. 21229



	BALTIMORE CITY HEALTH DEPARTMENT	
	BIRTH NO. M.E. CASE NO. 65 11773 CERTIFICATE OF DEATH Registered No. 65 11773	
	T. NAME OF DECEASED (Type or Print) 2. OATE AND HOUR OF DEATH	
	3. PLACE OF DEATH IN BALTIMORE, MARTIAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odn	P. M.
	A. STATE B. COUNTY	H SSION/
	FULL NAME OF (If not in hospital or institution, give street hospital or oddress or tocation) (C. CITY OR TOWN (If outside city limits, write RURAL and give township)	
4	Dunda1k	00
1	ALCRYLE A GONERAL NOST. D. STREET ADORESS (If rural, give location)	
9	1845 POR 1 Ship RQ. 2122	2_
5	5. SEX 6. RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Ooys Hours: 1	Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote optoreign country) 12, CITIZEN OF WHAT COUNTRY?	177
	Maintenance KailROad the Mas 1911. USH.	
500	13. FATHER'S NAME	
SIB	Thomas O. Hovermale Ettie Leister	
5	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	Chari	
0	DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH COTOMORY THOMPOSTS INTERVAL BETWEE ONSET AND DEAT	
9	LEADING TO DEATH (A) PHOENTOCK CONSTRACTION SEVERAL	las
0	This does not meon the mode of dying, e.g., OUE TO heart failure, asthenia, etc. It means the disease,	,
E	injury or complication which caused death.) ANTECEDENT CAUSES (B)	
0	DISEASES OR CONDITIONS, il ony, giving	
0	rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	yrd.
	II EMPK Katel MARGES	
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
9	DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. AUTOPSYPTYS OF No. 208. IF YES, WERE FINDINGS CONSIDERED	4
0	199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200A. AUTOPSYTYES OF No. 2018. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	3
10	U 21A. ACCIDENT WAS UNCERTING (#18. PLACE of INJURY (e.g., in or obout 21C. AVERE DID (If in Bylamore City, give exact location)	
0	OEATH (notify medical examiner)	
0	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? White At Not White	
	(APPROX) Work At Work	
0	22. I certify that (I) (this haspital) attended the deceased from 11/4 19 5 10 11/15 19 5	
90	that (I) (we) lost sow the deceased alive on	e dote
UST	ond hour and from the dauces stored objec. (1) (We) (did) (did not) view the body after death. 23A. SIGNATORE 23B. DATE SIGNED	
E	M.D. Attending Med. Stoff Phys.	
>	23 CPHYSICIANS 23 CPHYSICIANS 23 D. ADDRESS 23 D. ADDRESS	
proval	LEONARD W. Stass M.D. Ma. Gen'/ HOSP.	
0		itote)
0	Burial 11-18-1965 Rosedale Cemetery Martinsburg, Berkeley, W. Va	
	25A. DATE REC'O BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS.	1
3	NOV 18 1965 P. O. F. Q. Faller W. J. Brown Margheting, W.	16.
	VS 150-REV. 1/1/6S	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was 10.0.A at a hospital (except where the physician who pronounced death was in regular attendance on the death was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

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	rence of be	ATT IN BALINTONS A	MANIENNE		A. STATE	B. CD	JNTY	1400. 11 1113	A structure delote dollar
	FULL NAME C	OF (If not in hospit	tol or institution, giv	re street	man	dest		0	6-13
	HDSPITAL DR	oddress or loco	tion)		C. CITY	R TOWN (III	outside city limi	ts, write R	URAL and give township)
,	AHI	LRCH HOME	E AND HO	SPITAL	'	Belline			
-	Cliu	CK CH HUMO	, 47-10 /10		D. STREE	T ADDRESS	If rurol, give loc	cotion)	
						2521 41		be.	
5. 9	EFY	6. RACE	7 MARRIED N	EVER MARRIED	B. DATE C		9. AGE (In y		If Iladas 1 Vs. If Iladas 24
	An			DIVORCED (specify	1)		lost birthdoy)	-013	Months Doys Hours N
	M	WHITE			NOV. 1	3 1965			3
t0A	. USUAL OCC	UPATION (Give kind of w working life, even if retired	ork 10B, KIND OF E	SUSINESS OR INDU	STRY 11. BIRTH	PLACE ISING OF IN	F & HOSP	ITAL	12. CITIZEN OF WHAT COUNTRY?
0011	e doming most of	working me, even in territor	o,						
13.	FATHER'S NA	ME			14. MOT	HERS MAIDENIN	AME	100	
							4		
	JAN	1ES TINKE	R		0	AROLYIV	COX		
15.	Was Deceased	Ever in U. S. Armed	Forces?	6. SOCIAL	17. INFOR	MANT			ADDRESS
,16	JIIO OI JIIKIIOWI	yes, give wor or o	O.C.S OI SETVICE!	SECURITY NO.		Cha	rt		
_	120 -7 6	1		None					
	1B.	16 X I		CAUS	SE OF DEATH				ONSET AND DEAT
	DISEA	SE OR CONDITION			A. Committee				
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		nat mean the made		DUE TO)		1		
	heart failure, asthenia, etc. (I means the disease, injury or camplication which caused death.)								
		apriculton which coos	ed death.)						
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1000		BALII	IMORE CITY H	EALTH DEPARTMENT		
BIRTH NO.	65 1	1775 CFR	TIFICAT	E OF DEATH Reg	istered No.	1477
M.E. CASE NO.		CLN	TIIIICAT			
Type or Print)		1 4 22		2, DATE AND HOU		
	Mary Ella Da			November 1		9:05 A
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		A. STATE B. COUNTY	sed lived. If institut	ion: residence before odmis
FULL NAME	OF (If not in hospital	or institution, give street		Maryland	la i	5-17
HOSPITAL OR		And the second s		C. CITY OR TOWN (If outside city	limits, write RURA	L ond give township)
Baltimore City Hospitals 4940 Eastern Avenue				Baltimore		
					**	hite Oak Ave
	Baltimore	, Maryland 212	224	KKKKK KKKK KKKKK	XXXXXXXXXX	
. sex Female	6. RACE White	7. MARRIED, NEVER MAR WIDOWED, DIVORCED Married) (specify)	DATE OF BIRTH 9. AGE lost birth 12-26-1874		Under 1 Yr. If Under 24 hiths Doys Hours M
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lone during most of House	(working lile, even if retired)	Own Home		Maryland		U. S. A.
3. FATHER'S NA	ME		14	. MOTHER'S MAIDEN NAME		
Robe	ert C. Griffi	th		Mary E. Hall		
5. Wos Deceose Yes, no or unknow	d Ever in U. S. Armed Fo	es of service) SECURIT	TY NO. М	nformant r. John Dashiell REC ORDS:BCH 4940 Ea	Jr.(son) astern Ave	Balto #26, Mc
1B. H	22.11		CAUSE OF	DEATH		INTERVAL BETWEEN
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	mplicalian which caused			ASCUD		100
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TO THE DISEASE OF		FORMED		20A. AUTOPSY? (Yes or No) 20B. I	RTIFYING CAUSES	OF DEATH?
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R.V. Singleton,

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Maryland

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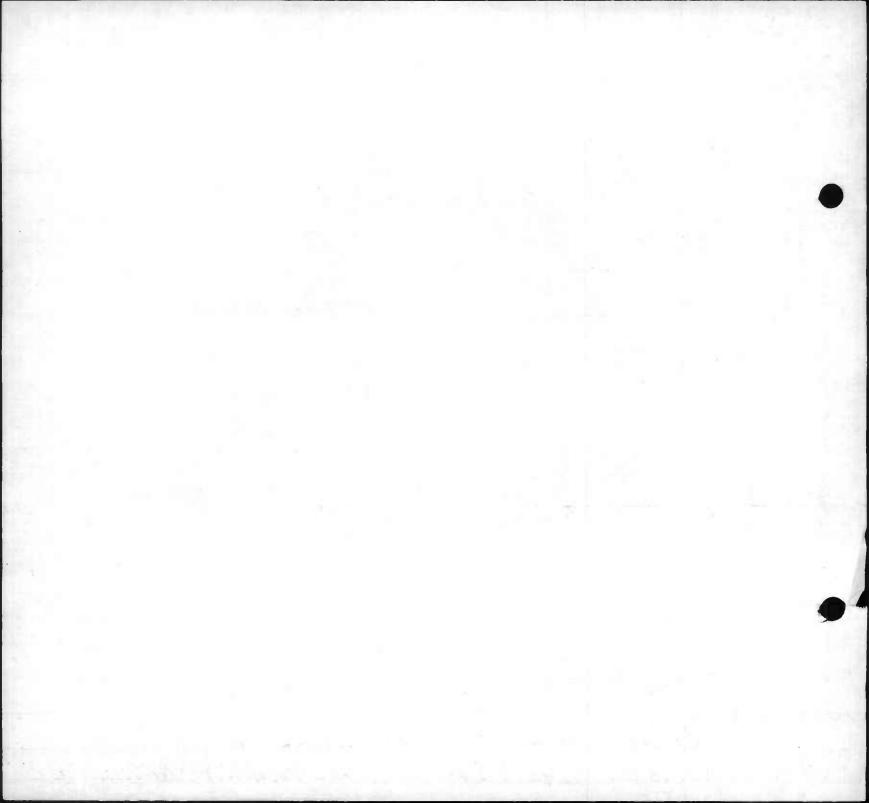
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/65

		BALTIMORE CIT	Y HEALTH DEPARTMENT				
erth NO.		CERTIFICA	TE OF DEATH	Registered No			
NAME OF DECEASED	1776	CERTIFICA			65 11778		
	ARD COX	JR.		11-13-65	7:20 A.M.		
PLACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who	are deceased lived. If	institution: residence before admission		
HOSPITAL OR oddress or locotic	or institution, give	e street	MARYLAND- R	URAL- CEC	IL COUNTY RURAL ond give township)		
INSTITUTION	INC HOCE			, , , , , , , , , , , , , , , , , , , ,	5-7-100		
3 THE JOHNS HOPK	INS HUSE	TIAL	D. STREET ADDRESS (IF	rurol, give locotion)	Manag		
SEX 6. RACE	7. MARRIED, NE	EVER AAARDIED	B. DATE OF BIRTH	9. AGE (In years			
MALE WHITE	NEVER	MARRIED	5-27-51	lost bighdoy)	If Under 1 Yr. (f Under 24 Hrs Months Doys Hours Min.		
A. USUAL OCCUPATION (Give kind of wor	108. KIND OF BL	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
one during most of working life, even if retired)			Filston Mo.	nurl and			
STUDENT STATE			Elkton, Mai	L'ATAUG	U.S.A.		
LEONARD COX			CRISSIE C	ARTER			
Wos Deceased Ever in U. S. Armed Foes, no or unknown) (If yes, give wor or dot	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS		
			Hospital R	ecoras			
18.401,31			OF DEATH		ONSET AND DEATH		
DISEASE OR CONDITION DE	RECTLY	1	n. 4 1. 1. 1.				
LEADING TO DEATH		(A) A Se.	air faileil	==60=0====0000000000000000000000000000	3 months		
(This daes nat mean the made at heart failure, asthenia, etc. It means	the disease.	DUE TO	U				
injury ar camplication which caused		no. 1	al Anguella Co	lineis			
ANTECEDENT CAUSES (B) Mufcat Charge + 3 pensors							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes nal mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the (C) Pheumatic Cardition							
rise to the above cause (A)		(C) FA	eumalie C	aidilis			
UNDERLYING CONDITION last.							
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL	CONTRIBUTING ATED TO THE	Surged lex	lacement, metis	N value			
19A. DATE OF OPERATION 19B. COM	DITION FOR WHI	ICH SPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PL	ACE OF INJURY Te.g.,	in or about 21C, WHERE DID office bidg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct location)		
21D. TIME (Month) (Doy) (Year)	(Marri) 1935 to	IIIIby Occurre	215 112 2				
OF INJURY (APPROX.)	While Work	AI Not Whi	le [IURY OCCUR?			
22. I certify that (I) (this hospita	I) attended the	deceased from	1-13	1965 10	11-13 1965		
that (I) (we) lost saw the decease							
and haur and fram the causes sta	ted above. (I) (We) (did) (dld nat)	view the bady after death.				
23A. SIGNATURE					238, DATE SIGNED		
Co. Ci. Balm	202	M.D. AH	ending Med.	Stoff X	11-12		
23C. PHYSICIAN'S		Phy	23D. ADDRESS	Phys.	11-15-65		
NAME (Type) E.C. H	OLMES	M.D.					
AA. BURIAL CREMATION, 248. DATE	24C. NAM	E of CEMETERY of CR	EMATORY 24D. L	OCATION	City, town, or county) (State)		
REMOVAL (Specify)	105						
Burial 11/16,	65 ELKT	ON CEMETE		lkton	Maryland		
NOV 18 1965 (P	25B. NAME OF	REGISTRAR	25C. UNERAL DIRECTO	Nick	ADDRES9		
MAA TO 1200 (10)	a c , Jan	SOLINE	Hicks, Home	for Funer	als.Elkton.Md.		

The head down the 3 themses Eleunale Carlite Singer Commence & March Compact THE 18-25 MANUFACTURED

BIRTH NO. W. Va , 65 11777 M.E. CASE NO.	BALTIMORE CITY HEAL	III DELAKIMENI		
AE CASE NO	CERTIFICATE	OF DEATH	Registered Na	C5 3 4 PPP
M.E. CASE NO. 1. NAME OF DECEASED			ID HOUR OF DEATH	03 11///
Type or Print) SUSAN DANETTE	Benon	Z. DATE AF		215 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		HAL BESIDENCE (Who	-15-65	
. PLACE OF DEATH IN BALTIMORE, MARIEAND	4. US	ATE B. COUN	re deceosed lived. It in	stitution: residence before admis
FULL NAME OF (If not in hospital or institution, give	street	MM		(or the all
HOSPITAL OR oddress or location)		TY OR TOWN (If ou	tside city limits, write	RURAL and give township)
Line I was I ami	1()	VENT Wi	NESOR	5600
MNIU. of MD Hosgid	D. ST	REET ADDRESS (If	rural, give location)	
0		U3 MA	IN ST.	
5. SEX 6. RACE 7. MARRIED, NEV		TE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
	VORCED (specify)	1-20-10	lost birthdoyl	If Under 1 Yr. If Under 24 Months Doys Hours Mi
IDA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUS	marred 1	THE ACE (S) A C C		
done during most of working life, even if retired)	INESS OK INDUSTRI II. BI	KINTLACE (Store or lore	ign country)	12. CITIZEN OF WHAT COUNTRY?
me		J. VA.		WSA
3. FATHERS NAME	14. M	OTHER'S MAIDEN NA	ME	
DANCE BERR	Q	4.0 -	MARS	77
		FORMANT	1,1111)	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	PORMAN L	0 1	ADDRESS
The second secon	H	splal 1	ecords	
18. 0.22 VI	CAUSE OF DEA	тн		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	^	· ·		ONSET AND DEATH
LEADING TO DEATH	(m	DIAC	Amont	
(This does not mean the made of dying, e.g.,	DUE TO	~~~~		
heart failure, osthenia, etc. It means the diseose, injury or camplication which coused death.)				
ANTECEDENT CAUSES	18 13 52	Dasterno	moss	
	DUE TO	(Das John	, to 22 ts)	
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) sloting the	10)			
UNDERLYING CONDITION lost.	(C)		# 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	H OPERATION 20	A- AUTOPSY? IVes or No	208, IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED		NO	IN CERTIFYING CA	USES OF DEATH?
of 1 1 10 Vand Them				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in or ob	out 21C. WHERE DID	(II in Baltimore	City, give exact location)
21A. A CCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF home, for DEATH (notily medical examine) etc.)	orm, foctory, street, office blo	out 21 C. WHERE DID	(II in Baltimore	City, give exect locotion)
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21B. PLA home, for	orm, foctory, street, office blo	dg., INJURY OCCUR?		City, give exect locotion)
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) Doy) (Year) (Hour) 21E. INJ OF INJURY	URY OCCURRED	out 21 C. WHERE DID lg., INJURY OCCUR?		city, give exect locotion)
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) cfc.)	URY OCCURRED	dg., INJURY OCCUR?		city, give exect locetion)
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21B. PLA home, for etc.) 21D. TIME (Month) Doy) (Year) (Hour) 21E. INJ While A Work	URY OCCURRED Not While At Work	19, INJURY OCCUR?	URY OCCUR?	
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21E. INJ 21D. TIME (Month) Doy) (Year) (Hour) 21E. INJ OF INJURY (APPROX.) While A Work	URY OCCURRED Not While At Work	19, INJURY OCCUR?	URY OCCUR?	-) 5 19 6
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) IDay) (Year) (Hour) 21E. INJ OF INJURY (APPROX.) While A work 22.	URY OCCURRED Not While At Work eceased fram	21F. HOW DID INJ	URY OCCUR?	-) 5 19 6
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) IDay) (Year) (Hour) 21E. INJ OF INJURY (APPROX.) While A work 22.	URY OCCURRED Not While At Work eceased fram	21F. HOW DID INJ	URY OCCUR?	-) 5 19 6
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) IDay) (Year) (Hour) 21E. INJ OF INJURY (APPROX.) While A work 22.	URY OCCURRED Not While At Work eceased fram	21F. HOW DID INJ	URY OCCUR?	-) 5 19 6 nian death accurred an the
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) IDay) (Year) (Hour) 21E. INJ OF INJURY (APPROX.) While A work 22.	URY OCCURRED Not While At Work eceased fram	21F. HOW DID INJ	URY OCCUR?	-) 5 19 6 nian death accurred an the
21A. ACCIDENT WAS UNDERLYING 21B. PLA home, for CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) 1Doy) (Year) (Hour) 21E. INJ While A Work 22. I certify that (I) (this haspital) attended the d that (I) (we) last saw the deceased alive an and flaur and fram the causes stated abave. (I) (W 23A. SIGNATURE 23C. PHYSICIAN'S	URY OCCURRED Not White At Work eceased fram - / 5 (e) (did) (did nat) view th	21F. HOW DID INJ	URY OCCUR?	-) 5 19 6 nian death accurred an the
21A. ACCIDENT WAS UNDERLYING 21B. PLA home, for contributing CAUSE OF DEATH (notily medical examiner) 21B. TIME (Month) (Year) (Hour) 21E. INJ While A Work 22. I certify that (I) (this hospital) attended the d that (I) (we) last saw the deceased alive an and flaur and fram the causes stated abave. (I) (W 23A. SIGNATURE	URY OCCURRED Not White At Work eccased fram - / S e) (did) (did nat) view th M.D. Attending Phys.	21F. HOW DID INJ	URY OCCUR?	-) 5 19 6 nian death accurred an the
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21B. PLA hame, fe etc.) 21D. TIME (Month) Doy) (Year) (Hour) 21E. INJ While A Work 22. I certify that (I) (this haspital) attended the d that (I) (we) last saw the deceased alive an and flaur and from the causes stated abave. (I) (W 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	Orm, foctory, street, office blooms, foctory, street, office blooms, and the street of	21F. HOW DID INJ 19 6 and the bady after death. Med. Director	URY OCCUR? 19 6 5 ta 10 at in (my) (aur) api Stoff Phys. 4	19 6 nian death accurred an the
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21B. PLA hame, fe etc.) 21D. TIME (Month) Doy) (Year) (Hour) 21E. INJ While A Work 22. I certify that (I) (this haspital) attended the d that (I) (we) last saw the deceased alive an and flaur and from the causes stated abave. (I) (W 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	URY OCCURRED Not White At Work eccased fram - / S e) (did) (did nat) view th M.D. Attending Phys.	21F. HOW DID INJ 19 6 and the bady after death. Med. Director	URY OCCUR? 19 6 5 ta 10 at in (my) (aur) api Stoff Phys. 4	19 6 nian death accurred an the
21A. ACCIDENT WAS UNDERLYING 21B. PLA home, for CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) 21B. INJ 21	Orm, foctory, street, office blooms, foctory, street, office blooms, and the street of	21F. HOW DID INJ 19 6 and the bady after death. Med. Director	URY OCCUR? 19 6 5 ta 10 at in (my) (aur) api Stoff Phys. 4	19 6 nian death accurred an the
21A. ACCIDENT WAS UNDERLYING 21B. PLA home, for CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) 21B. INJ 21	OF CEMETERY OF CREMATO	21F. HOW DID INJ 19 6 and the bady after death. Med. Director	URY OCCUR? 19 6 5 ta 10 at in (my) (aur) api Stoff Phys. 4	19 6 nian death accurred an the
21A. ACCIDENT WAS UNDERLYING 21B. PLA home, for CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) 21B. INJ 21	OF CEMETERY OF CREMATO	21F. HOW DID INJ 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 - 9 11 -	URY OCCUR? 19 6 5 ta 10 at in (my) (aur) api Stoff Phys. 4	nian death accurred an the



	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, sund (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	mine fract o pr gula
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.
	was was A. at pric
	certi sody vs: (1 D.O. ased
	This the k show was dece

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

Burial 25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

	RESIDENT		BALTIMORE CITY	HEALTH DEPAR	TMENT				
BIRTH NO. M.E. CASE NO.	65 117	78	CERTIFICA	TE OF DE	ATH	Registered No.	65 11778		
I. NAME OF DECE	ASED				2. DATE AT	ND HOUR OF DEATH			
(Type or Print)	Gauss.	Myra Le	90		Novem	aber 16, 1965	5 11:40 Am.		
3. PLACE OF DEAT	TH IN BALTIMORE, MAR			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY					
FULL NAME OF HOSPITAL OR INSTITUTION	F (If not in hospital a oddress or location)		jive street	Maryland		Itside city limits, write R	RURAL and give township)		
1/	The second second			Baltimor	e 2122	24			
+1	St. Joseph	n Hospit	za l	405 N . I	RESS (If	rurol, give location)			
s. sex Female	6. RACE White	WIDOWED	NEVER MARRIED D, DIVORCED (specify) dowed	10-5-19C		9. AGE (In years lost birthdoy) 57:	II Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
	vorking life, even if retired)	108, KIND OF Own I							
13. FATHER'S NAM				Donna B. (Unknown)					
(Yes, na ar unknown)	Ever in U. S. Armed Forc (II yes, give war ar dates	es? s al service)	SECURITY NO.	17. INFORMANT 835 Jaydee Ave.					
No			217-34-6201	Kenneth	R. Gau	iss Baltimor			
(This does na heart failure, a injury ar camp DISEASES OR rise la the	E OR CONDITION DIRI LEADING TO DEATH al mean the made af asthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) is CONDITION lost.	dying, e.g., the disease, death.)	(B) Diab	cardial in	dosis	on	INTERVAL BETWEEN ONSET AND DEATH		
				A					

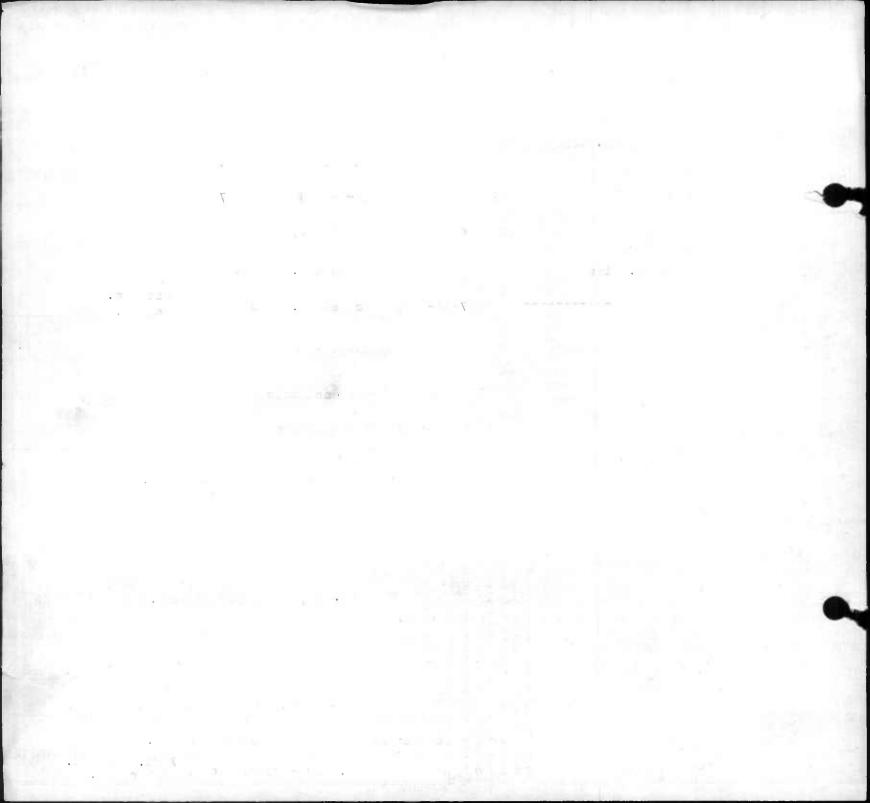
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION					Maryland	(11 outs	ide city limits, write	RURAL ond give t	ownship)	
1	/				Baltimore 21224						
4	St. Joseph Hospital					D. STREET ADDRESS (If rurol, give location) 405 N. Luzerne Ave.					
s.	ex Comale	6. RACE	W	IDOWED	NEVER MARRIED DIVORCED (specify) lowed	B. DATE OF BIRTH 10-5-1908	9	AGE (In years ost birthdoy)	II Under 1 Yr. Months: Doys	If Under 24 Hrs Hours Min.	
dor		working life, ever		own I	BUSINESS OF INDUSTRY Home	Baltimore,			12. CITIZEN OF		
		J. Bive				Donna B.					
		Ever in U.S.	Armed Forces? war ar dates al	service)	16- SOCIAL SECURITY NO. 217-34-6201	Kenneth R.	Gaus		dee Ave.		
NO	DISEASES (rise to the UNDERLYING	oslhenia, elc. nplicolian whit ANTECEDENT OR CONDITIO e abave ca G CONDITION II	mode of dyin il means the ch coused deal CAUSES ONS, if any, use (A) statistical in the coused deal course (A) statistical in the couse (A) statistical in the course (A) statistical in t	disease, h.) giving ng The	(B) Dial	cardial info	sis	77).			
ERTIFICATION	DISEASE OR	CONDITION		N FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				DERED?	
CAL CER	OR CONTRIBI	NT WAS UND	SE OF	21 8. ham etc.)	PLACE OF INJURY (e.g., in e, lorm, factory, street, of	NO n or obout 21C, WHERE fice bldg., INJURY OC	DID CUR?	(If in Boltimo	re City, give exoct	locotion)	
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While A1 Not While Work A1 Work										
	thot (1) (we)	last saw the	deceosed oli	ve an 1	November 16, (We) (did) (did not) v	19.65	and tho			urred on the da	
	234. SIGNATU			\	- ,	ending Med.		Stolf X	November	16, 196	
	23C. PHYSICIA NAME (1			- 70		23D. ADDRESS					

Gracito V. Patricio,

258. NAME OF REGISTRAR

11/19/65

M.D. 1400 N. Caroline St., Baltimore, Md. 21213 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Baltimore National Catonsville, Md. 1217 St. Paul St. Baltimore, Md. 21202 25C. FUNERAL DIRECTOR Wm. Cook-Brooks Inc



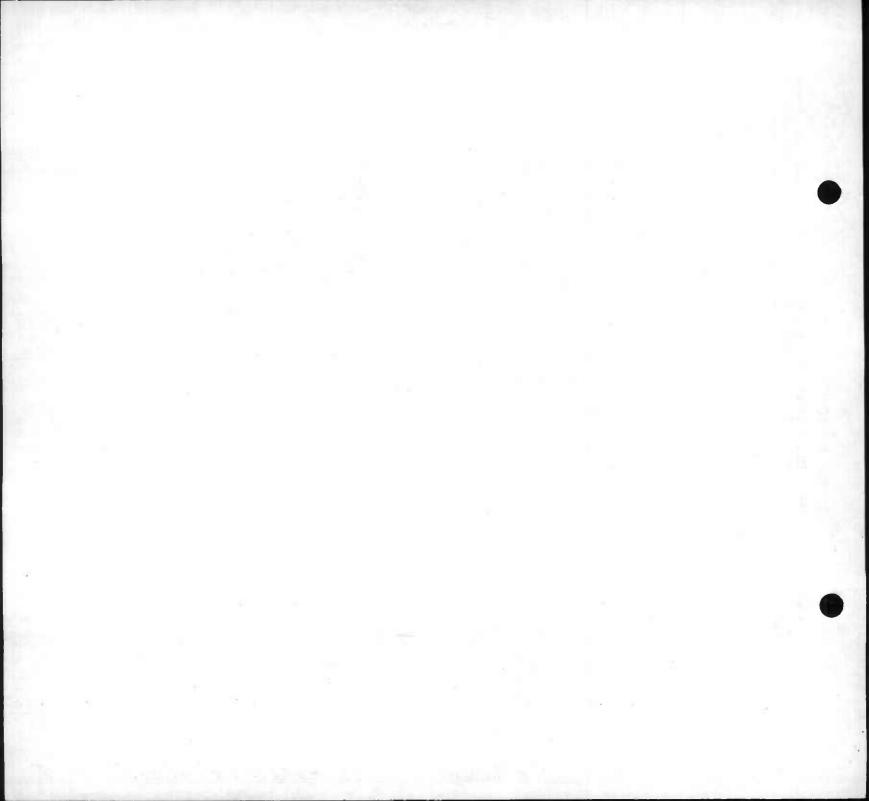
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause

BALTIMORE CITY HEALTH DEPARTMENT	
M.E. CASE NO. 65 11779 CERTIFICATE OF DEATH Registered No. 65 11779	
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	5 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before B, COUNTY	odmission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION) C.CLY OR TOWN (If outside city limits, write RURAL and give township)	p)
1/ DOW DECOURS HOSE BALTIMONE	
D. STREET ADDRESS (If Torol Dive location) 1212 W. PROTT STREET	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months: Doys Hours	der 24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
Wish Totale 5×10-5 Fores, BOLTIMORE MARYLAND U. PI	
13. FATHER'S NAME	
15. Was Decased Ever in U. S. Armed Porces? 16. SOCIAL 17. ANFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give world doles of service) SECURITY NO. Joseph T. Cassar Lulton Gre - Ballin	non MI
18. 420./ I CAUSE OF DEATH INTERVAL BET	
LEADING TO DEATH PISTERS AND SEARCH LEADING TO DEATH	Que
(This does not mean the mode of dying, e.g., heart foilure, astherio, etc., it means the disease,	0
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if ony, giving	
UNDERLYING CONDITION lost.	, ,+
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT. 19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF STA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF STA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF STA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? otc. otc.	nt
D 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Work Not While At Work	
22. I certify that (I) (this hospital) attended the deceased from 1965 to 11.	19 65
that (I) (we) last saw the deceased alive on 11.1 12. 19.6 5 ond that in (my) (our) aprilian death occurred of	in the date
and haur and from the causes stated abave, (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED	
M.D. Attending Med. Stoff Phys. 11, 12,1	965
23 C. PHYSICIAN'S NAME (Type) M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
Burial 11/15/65 Haly redeemen Ballimore 21206 mg	
NOV 18 1965 Roberto E. Farber M. 25C. FUNERAL DIRECTOR Through The Property of the Color of the	2.0
VS 150-REV. 1/1/65 2 6306 - Belder Rd - Baltemore	21206



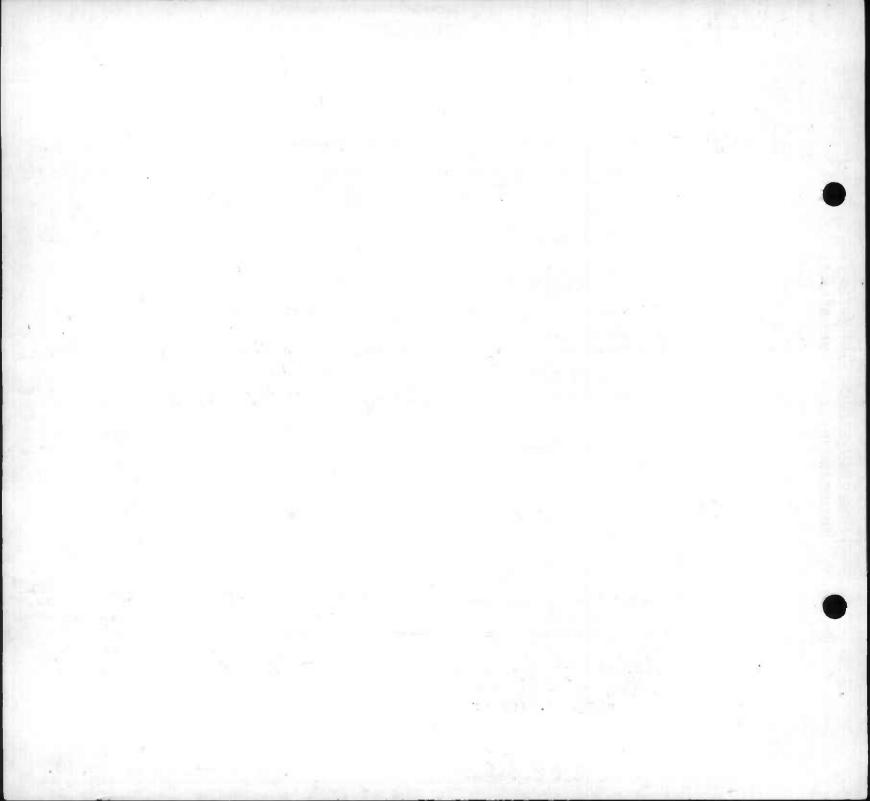
the state of the s

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH and (4) Undetermined cause; (5) Deceased of death cn the Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) hospital eath. 4. USUAL RESIDENCE (Whore deceased lived. If institution; residence before admission) ance A. STATE Md the direct or contributing cause FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or instilution, give streat oddross or location) (If outsido city limits, write RURAL and give township) attend 8 2. prior (If rural, give location) occurred MBARO in regular is mad 5. SEX . MARRIED, NEVER MARRIED 9. AGE (In yours Il Under 24 Hrs. If Under 1 Yr. Months: Doys eceased Hours WIDOWED, DIVORCED (specify) lost birthday Idowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or loroign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) Ū USEW /KE Mas 4. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME assistant death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (III yes, give war or datas of sarvica) final SECURITY NO. attendance any pronounced 9 INTERVAL BETWEEN ONSET AND DEATH or his DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, the chief medical examiner regular injury ar camplication which caused death.) ANTECEDENT CAUSES who DUE TO are 4 DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stating the _ physician before the remains UNDERLYING CONDITION last, medical Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 94 DATE OF OPERATION the body was released to the hospital by a WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DtD homo, form, factory, street, olfice bldg., INJURY OCCUR? where (II in Boltimoro City, give exact location) MEDICAL å DEATH (notify modical examiner) etc.l any nature; obtained 21 D. TIME (Month) (Doy) (Yourl (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While OF INJURY certificate must be approved (except While At (APPROX) Work and 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an ond that in (my) (our) apinian death accurred on the date An accident of hospital death) must and haur and from the causes stated above. (1) (Ma) (did. (did. view the body after death. 23A. SIGN ATURE 23B. DATE SIGNED Will M.D. Attending Phys. Stoll Mod. 10 approval ō 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Typel JANOWICZ M.D. was D.O.A. shows: (1) deceased REMOVAL (Specify) written ADDRESS



FUNERAL DIRECTOR: IMPORTANT		
This certificate must be approved by the chief medical examiner or his assistant if death occur	death occu	- 5
the body was released to the hospital by a medical examiner. Also, if the direct or contrik	t or contri	#
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermin	Undetermi	=
was D.O.A. at a hospital (except where the physician who pronounced death was in regul	as in regu	=
deceased prior to death); and (6) No physician was in regular attendance on the deceased	e deceased	T
written approval must be obtained before the remains are embalmed or final disposition is ma	sition is m	O

	BALTIMORE CIT	TY HEALTH DEPARTMENT
7007	BIRTH NO. 65 11781 CERTIFICA	ATE OF DEATH Registered No.
and eath asec the the Such	M.E. CASE NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
de de ceas	(Type or Print) HERMAN DICKEN	91/15/65 19 SP M.
at a Do	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) A. STATE B. COUNTY
use use (5) dan de	FULL NAME OF (II not in hospital or institution, give street HDSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Lse ca	DISCUSSION IN A LANGTAN.	MT WILLOW STATE HOSPITAL
ting d ca d ca prior	UNIVERSITY OF MO HOSATAL	D. STREET ADDRESS (If rurol, give location)
ibutined alar	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
occontrontrontrontrontrontrontrontrontro	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTR	1111199 66
th one	done during most of working lite, even if retired)	WHAT COUNTRY?
or or or itied	TRUCK DRIVER Freight	WEST VA. (Davis) USA
Wa be	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ire ire ire tis	LON DICKEN	RACHEL BROWNING
ind; eath	15. Wos Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
kir kir de de ind	214-05-62	48 HOSPITAL RECORD
i f		OF DEATH INTERVAL BETWEEN
sis far ance	DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
A Is	LEADING TO DEATH	endonitio-generalized I week.
0 - 2 - 2 - 2	(This does not mean the made of dying, e.g., DUE TON heart failure, asthenia, etc. It means the disease,	
Pr Pr	injury ar complication which coused deoth.)	laphrenic alsees, left 3 months
Fried	ANTECEDENT CAUSES	if from ances, up
X A X A S I S I S I S I S I S I S I S I S I S	DISEASES OR CONDITIONS, if any, giving	/ / /
9 (3) n n n s	rise to the above couse (A) stating the (C)	
ical ial is; cia as ain	II II	
died ys: x	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
F me me ph	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
sic +	194. Date of Operation 198. CONDITION FOR WHICH OPERATION WAS PERFORMED PURCHES	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF PEATH?
B (B + I + I + I + I + I + I + I + I + I +		in or obout 210 WHERE DID (If in Boltimore City, two exect location)
tal lal here		dice bldg., INJURY OCCUR?
Very K	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
po tate	₹ (APPROX) While At Not Wh	
y n y n d		0 0
an)	22. I certify that (1) (this hospital) attended the deceased from	
	that (I) (we) last saw the deceased olive on 15	
sed to sed to ant of spital eath)	and haur and from the causes stated above. (We) (dld) (did and)	
eas ide hos de	23A. SIGNATURE	thending Made Stoll Stoll
EPSETE	Musica Turista. Ph	ys. Director A Phys. A 11/15/65
An a at a srior	NAME PROVIDENTAL A VICE-GEZ.	23D. ADDRESS
certificate sody was /s: (1) An of D.O.A. at ased prioren appro	George H. Yeager	
# > C O B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
000 000 000 000 000 000 000	Burial 11-18-1965 Davis Memor	ial Cemetery Cumberland, Md.
This certi the body shows: (1 was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ial Cemetery Cumberland, Md. 25C. FUNERAL DIRECTOR ADDRESS
++ 4 3 b 3	NOV 18 1965 P. O. A. E. Farbuna	James F. Scarpelli, Cumberland, Md.
	VS 150-REV. 1/1/65	James C. Scarpelli



VS 150-REV. 1/1/65

CERTIFICATE OF DEATH Registered Na. BIRTH NO. of death Deceased Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF (Type or Print) hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY attendance (2) cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location C. CITY OR (If outside city limits, write RURAL and give township canse; INSTITUTION 0 0 = prior contributing (If rural, give location) occurred is made. (4) Undetermined regular 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF 9. AGE (In years eceased WIDQWED, DIVORCED (specily) 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF = death disposition -0 0 Was the 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME direct EV assistant death 5 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (II yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL or final SECURITY NO. the attendance -734 any pronounced 600 DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO embal heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving <u>e</u> rise to the above cause (A) stating the physician UNDERLYING CONDITION last. remains medical Was medical burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. the Body chief the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 0 WAS PERFORMED before the 3 2TA. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID where home, lorm, loctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF hospital °N MEDICAL DEATH (notify medical examiner) any nature; obtained 21 D. TIME (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURRED 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and the 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an pe of hospital death) and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death, must accident was release 23A, SIGNATURE Attending Phys. M.D. Stoff 9 Director approval ō 23 D. ADDRESS 23C. PHYSICIAN'S Drior at NAME (Type) D.O.A. 24A. BURIAL CREMATION. CEMETERY OF CREMATORY 24D. LOCATION eceased the body REMOVAL (Specify) written shows: Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR FUNERAL DIRECTOR O

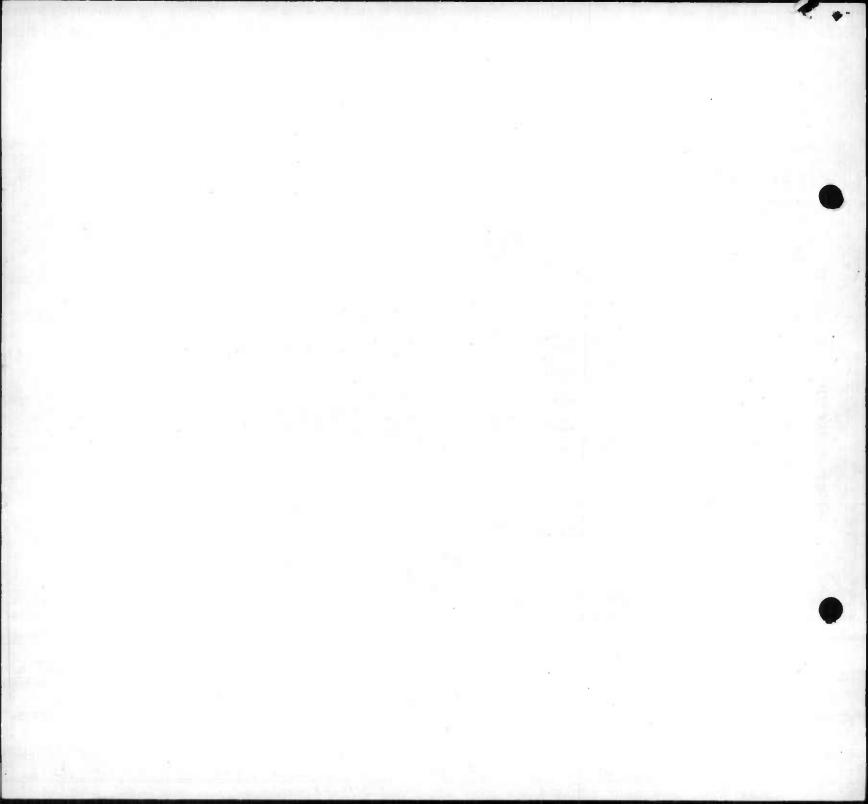
12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? and that In (my) (aur) apinian death accurred an the date 23 B. DATE SIGNED (City, town, or county) (Stotel

lived. If institution: residence

If Under 1 Yr. Months: Days

If Under 24 Hrs.

Hours



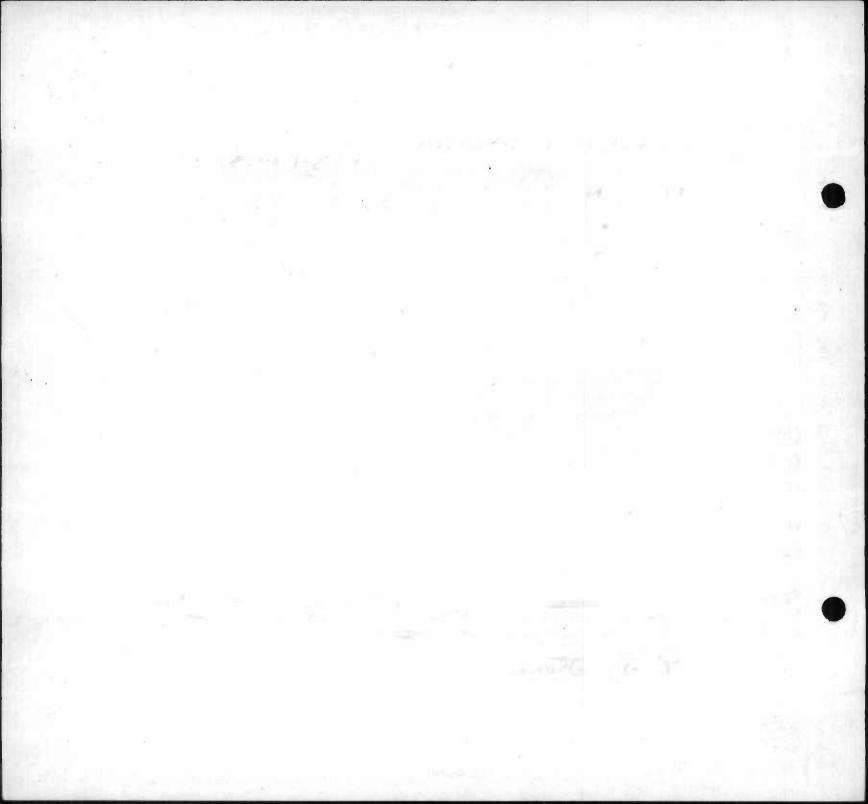
	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 11	CERTIFICA	TE OF DEATH	Registered No.	11783
TNAME OF DECEASED (Type or Print) EDWARD O	LIVER STARNER	NOVEM	BER 15, 1	
FULL NAME OF HOSPITAL OR INSTITUTION ST. AGNES HOSPI	titution, give street	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside BALT I MORE	le city limits, write I	5370
	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, Medical during most of working life, even if retired) RETIRED	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign MARYLAND	country)	12. CITIZEN OF WHAT COUNTRY?
CALVIN STARI	VER	ANNA -	- ?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, 90 unknown) (If yes, give wor or dates of s	2 fecurity nd 346	7 ST. AGNES HO	CATON AV	
heart failure, asthenia, etc. It means the d injury at complication which coused death ANTECEDENT CAUSES		lat Bene	lupni	ecc
DISEASES OR CONDITIONS, if ony, ise to the obove couse (A) stotis UNDERLYING CONDITION lost.	giving (C)	emea		
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving ng the (C) RIBUTING TO THE N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
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UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Holder Contributing)	giving ng the (C) RIBUTING TO THE N FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cet.,) 21E. INJURY OCCURRED While At Not Whith At Work ended the deceased fram Not White At Work	NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJUR OVEMBER 14 19 19 65 and that view the bady after death.	(If in Boltimore Y OCCUR? 55 NOVEN in (My) (aur) api	USES OF DEATH?
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b, lete

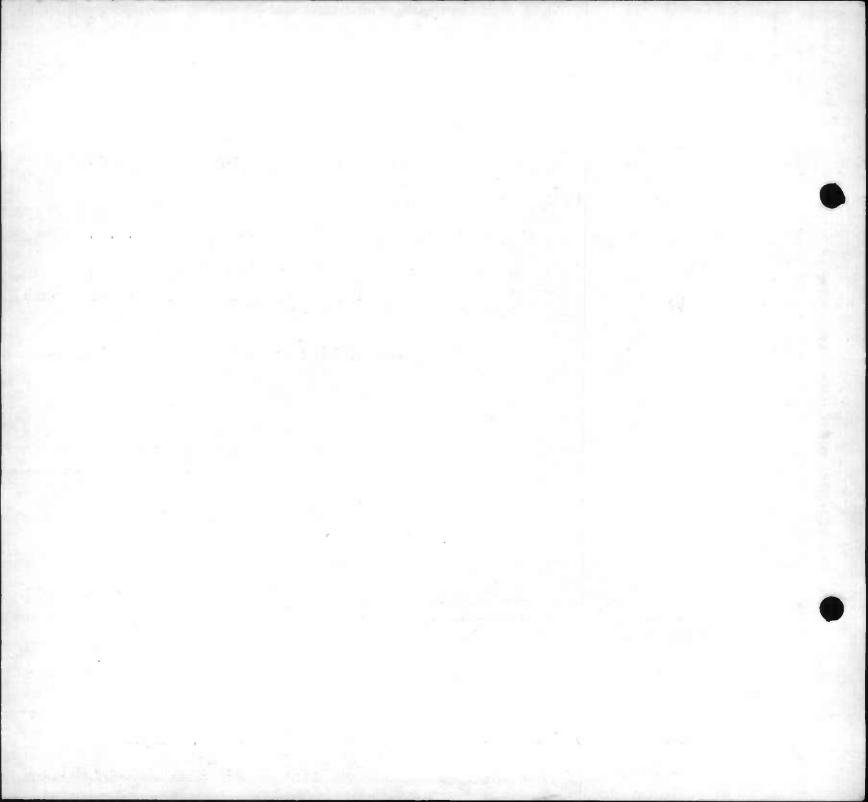
difficulty and Tra

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT
MRTH NO. M.E. CASE NO. 65 11784	CERTIFICA	TE OF DEATH OLOMON, ARTHUR
NAME OF DECEASED		2. DATEDAND BOWN GENERAL 3D2
Type or Print) ODTHUR SOL	NOMO	1/BRIGHTSDEY 1014 SWD PM
PLACE OF DEATH IN BALTIMORE MARYLAND	01101	
		4. USUAL RESIDENCE (Where decensed leged. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (II not in hospital or institution	on, give street	MARYLAND 14-015
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)
		BALTIMORE
UNIVERSITY H	0501701	D. STREET ADDRESS (If rurol, give location)
	00/11/19/2	The state of the s
		1331
	ED, NEVER MARRIED MED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
MIN	IIA DVV	6-6-1906 59?
OA, USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF
done during most of working life, even if retired)	9	WHAT COUNTRY?
JAINITOR"	:	N.C., 12,5.a.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
1, 1, 1, 7		1. 21/
WAKNOW		UNBADWA
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give wor or dates of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
A/A 2	219 22 1690	D. Ti Cal DAD DA CAPALINIE
700	217-03-1910	MUITI SOLUMION JOON, CAKOLINE
18. 15/XI	CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		4.03
LEADING TO DEATH	(A) CP	RCINOMA OF STOMACH & MOD (:)
(This does not meon the mode of dying, e	.g., DUE TO	0000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
heorf failure, osthenia, etc. If means the disea injury or camplication which caused death.)	se,	
	(B)	
ANTECEDENT CAUSES	DUE TO	**************************************
DISEASES OR CONDITIONS, if any, give		
rise to the above cause (A) stating UNDERLYING CONDITION last.	lhe (C)	
ONDERETHING CONDITION IDSI.		
- 11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT		
DISEASE OR CONDITION CAUSING IT.	THE .	
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	÷	VES IN CERTIFFING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	
DEATH (notify medical examiner)	etc.)	
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ĕ OF INJURY (APPROX)	While At 7 Not While	
(AFFROZ)	Work At Work	
22. I certify that (1) (this bespite) attende	d the deceased from	NOV. 1 1965 10 NOV. 11 1965
that (1) (we) lost saw the deceased alive a	1.1	19 6 5 and that in(my) (cor) apinion death occurred on the date
and haur and fram the causes stated above	。(1) (光記) (did) (did not) v	view the bady after death.
23A. SIGNATURE		23 B. DATE SIGNED
4 T Alimo	M.D. Att	ending Med. Stoff Phys.
23C BHYSICIANS	Phy	
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS
RT. Stana	M.D.	
24A. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specily)	11-T (11/11	INV O O O
19UB/AL 11-16-4	VII CALY	MI WILL, COUNTY MM.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS,
NOV 18 1965 (P.O. R. P.	Fr. a. wa	JOSEPH KNIGHT IL 38 N. BARALINAV
	Acrosson set	Industrial Indiana Mary
/S 150-REV. 1/1/65		



1. (1.1	BALTIMORE CITY HEALTH DEPARTMENT	
56656	BIRTH NO. M.E. CASE NO. 65 11785 CERTIFICATE OF DEATH Registered No.	55 11785
of death of death Deceased o on the	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH (1 - 1 6 - 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	US 55 M.
hos use (5) and dec	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or locofion) C. CITY OR JOWN (If outside city limits, write RUR.)	Batto
Lor rad	D. STREET ADDRESS (If rurol, give logotion)	AV0
occurred ontributi ermined regular eased pr	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lift wildowed, Divorced (specify) 9. 11. 03 lost birthdoy) 6. MM	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
or conndeters in redeced	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired) ACME RODA COVEMANY	2. CITIZEN OF WHAT COUNTRY? U.S.A.
if d (4) U was the spos	Henry Oberlask Amp Marie Brecku	leyer
sista the kind deat nce o	16. SOCIAL 17. INFORMANT 17. INFORMANT 18. SECURITY NO. 17. INFORMANT 18. SECURITY NO. 17. INFORMANT 18. SECURITY NO. 18. SECURI	V1
o, if fany nced enda d or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH	ONSET AND DEATH
ner. Als acture o pronou ular att	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplicotion which coused death.)	
examire (3) A fron n who in regu	ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.	
edical edical burns; hysicia n was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
dy dy	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINITE CAUSE	DINGS CONSIDERED S OF DEATH?
ital by a e; (2) Bo there the No physic		ity, give exact location)
atur pt v (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED While At Not While At Work At Work 21F. HOW DID INJURY OCCUR?	
4 and f and	22. I certify that (N (this hospital) attended the deceased fram 13 19 to that (I) (we) last saw the deceased alive an 19 ond that in (my) (abc) opinion	n death occurred an the date
released accident t a hospit	and hour and from the causes stated abave. (1) (No) (did) (did act) view the bady ofter death. 23A, SIGNATURE Attending Med. Director Phys. 23C. PHYSICIAN'S NAME (Type) M.D. Stoff Phys. 23D. ADDRESS M.D.	B. DATE SIGNED
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City.	lown, or county) (State)
certificat sody was rs: (1) An D.O.A. at assed pric	Burial 11/20/65 Loudon Park Cemetery Baltimore, Mar	yland
This certif the body shows: (1) was D.O.A deceased written ap	NOV 18 1965 P. O. S. O. T. O. Ellsworth Armacost 4600	ADDRESS Liberty Heights
	VS 150-REV. 1/1/65	



	BALTIMORE CITY	HEALTH DEPARTMENT	1	1 1 1 1 1 1 1
BIRTH NO. 65 11786 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Ne	11786
(Type or Print) VALLETOS	CARMEN (PENA) 2. DATE AND	9 1/2 1960	1/200 Pm
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceased lived. If instit	ution; residence before admission)
FULL NAME OF (If not in hospital or instituli HOSPITAL OR address or location) INSTITUTION	on, give street	C. CITY OR TOWN (If outs	40 AMER	IAL and give township)
Johns Hopkins Hose	PITAL	D. STREET ADORESS (III	urol, give locotion)	201
		OFICINA	302	7-03
Fenala White MA	WED, DIVORCED (specify)	10/23/2	ost birthday	If Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA'CE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
AT Home		Peru		PERU
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	JUANA M	Alpartid	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of serving	SECURITY NO.	Paula 2. HIGA	RTY-INDIANO	= 54 M St
18. 7 5 3 / I DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,		IN STRM COMP	RESSION	28 hr.
heart failure, asthenia, etc. It means the diser injury or camplication which caused deoth.)	ose,	RIO NASCULAR	Makformat	IN 42 4R.
ANTECEDENT CAUSES	DUE TO	UL BRA	- WIF	
DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating		4 3161	, , , ,	
UNDERLYING CONDITION fast.	the (C)	mir drunt 0.0 00 00 00 m 000 000 0 00 00 00 00 00 00		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED-	OF BRAIN	NO	20B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21 B. PLACE OF INJURY (e.g., inhome, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
0	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
OF INJURY (APPROX.)	While At Not Whil			
(AFFROX)	Work At Wark		1	4 9 16
22. I certify that ((this haspital) attended	who si Ca		9 00 ta 190	19 00 ,
that (we) last saw the deceased alive	on NOV 9	19 00 and the	at in(🅰 <u>(our</u>) apinio	in death accurred an the date
and haur and from the causes stated obay	e. (We) (did) (did not)	riew the bady after death.		. /
Lincoln Jeune	M.D. Att.	ending Med.	Stoff Phys.	10 NOVEMBER
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	11	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B.	ANGS JE M.D.	EMATORY 24D. LO	DOCATION ICITY,	town or county) (State)
BURIAL 11-17-65 1	lew CathedRA	L Cemetery BA	attimore,	Md ADDRESS ROLL
NOV 18 1965 P.C. 6 2	Con Den MA	ELLSWORTH ARM	Acost - 4600 /11	berty HGATS-MY
VS 150-REV. 1/1/65				

John Whole minglight commit The same of the sa as I im co. E vou turnet france for र्वास्तरक अन्यत्व स्थान केला केलाव्यां स्थान केला केला होता है है । इस कर सम्बद्ध अर्थ Survey Houset - Here White Holes

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced

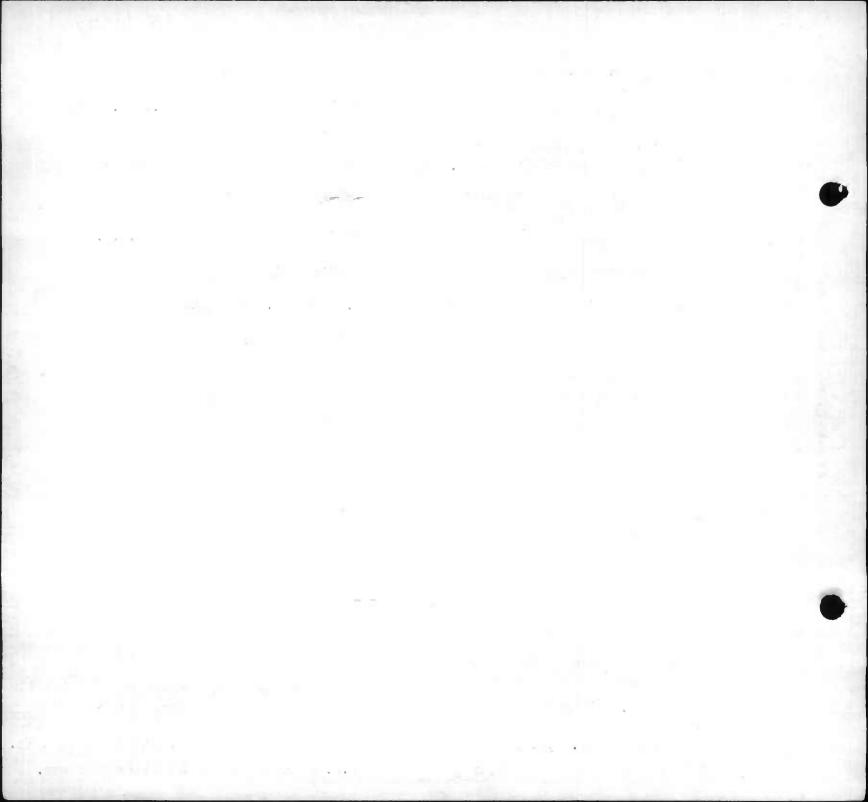
19 VS 150-REV, 1/1/65

death was in regular attendance on the

of death

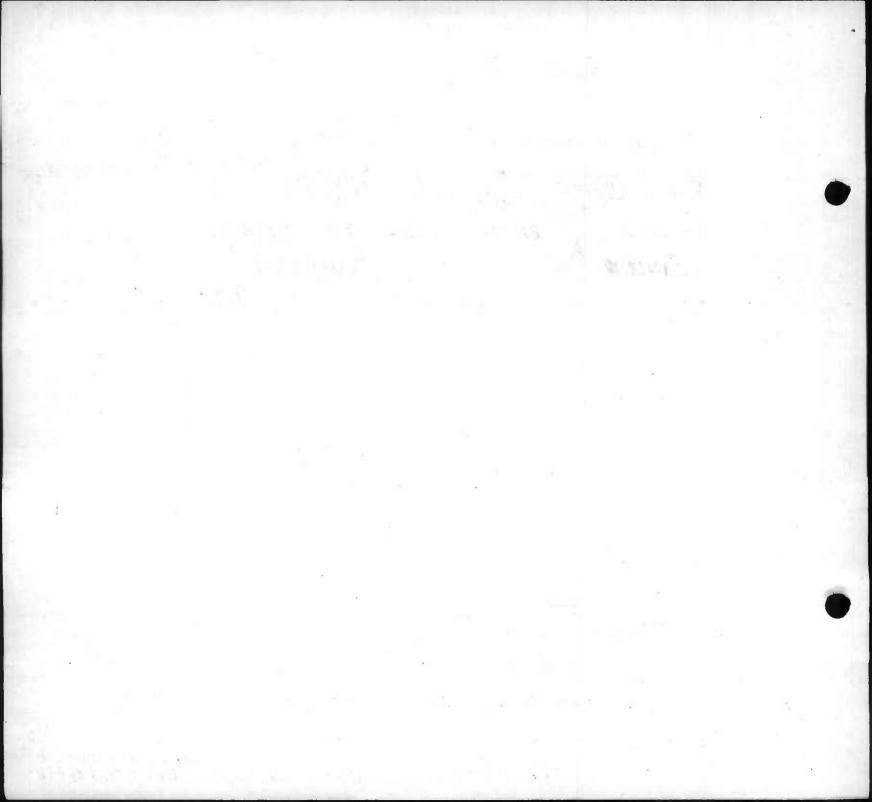
occurred in a hospital and

				Y HEALTH DEPARTMENT	,) Pr-
	TH NO. 6.	5 11787	CERTIFICA	ATE OF DEATH	Registered No.	5 11787
1.1	E. CASE NO. NAME OF DECEASED pe or Print)	Lee		2. DATE	AND HOUR OF DEATH	540 a
	Helen	McKee		TA HELIAL BESIDENCE (M	116165	astitution; residence before admission
3.	PLACE OF DEATH IN BALTIA	OKE MARILAND		A. STATE B. COL		istitution: residence betole odmission
		n hospital or institution or location)	, give street			Md. 21230 RURAL ond give township)
3	C 1	07 17		Baltimore 21 D. STREET ADDRESS	(Il Turol, give location)	
	South Baltimore 1213 Light Stre			Maryland		4403
5. 5	SEX 6. RACE	7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yi., If Under 24 Hr
F	White	Divor	ED, DIVORCED (specify)	4-26-03	lost birthdoyl	Months Doys Hours Min.
	OSUAL OCCUPATION (Give	kind of work 108, KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
aon	ie during mosi or working life, ever	None		Virginia		U.S.A.
13.	FATHER'S NAME	None		14. MOTHER'S MAIDEN N	AME	U.S.A.
	Andrew Tableson	W. 7		Amalia Tari		
5.	Andrew Jackson Wos Deceased Eyes in U. S.	Armed Forces?	1 6. SOCIAL	Amelia Lewis		ADDRESS
110	s, no or unknown) (If yes, give v	wor or dotes of service	None	Mr. Thomas P.	Makes 110 /	Thursh Street
_	No	0.0		OF DEATH	McKee IIO	INTERVAL BETWEEN
ATION	rise to the obove co UNDERLYING CONDITION 11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT IT	N lost. DITIONS CONTRIBUTE NOT RELATED TO T	NG (A)	ob moll	V.H.	
RTIFICA	19A. DATE OF OPERATION	19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION		No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CER	21A. ACCIDENT WAS UND	ERLYING 21	B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimor	e City, give exect locotion)
AL	OR CONTRIBUTING CAUS		ome, form, foctory, street,	office bldg. INJURY OCCUR?		
DIC		y) (Yeor) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
×	(APPROX.)		Vhile At Not Wh			
	22. I certify that (1) (this				10 //	116 10 65
	that (i) (we) last saw the				19	nian deoth occurred on the do
						man death occurred on the do
	23A, SIGNATURE	uses stored above.	(I) (we) (ala) (ala not)	view the body ofter deat	1.	23B. DATE SIGNED
	- Mohur	P Worth	The mon M.D. A.	ttending Med.	Stoff Phys.	11/11/60
	23C.PHYSICIAN'S	1. 19000	car c			1/10/00
	NAME (Type)	h la a sa a	M.D	South Baltimor	e General Ho	spital
24/		DATE 24C.	NAME of CEMETERY OF C	REMATORY 24D.	LOCATION (C	e. Maryland 21230 ily, lown, or county) (Stote)
	REMOVAL (Specify)	70 70/5	Tank a Court			
254	A. DATE REC'D BY HEALTH D	V. 19, 1965 DEPT. 25B. NAME	Lewis Cemeter	25C. FUNERAL DIRECT	or Island	Accomack County, V
	NOV 18 1965 (0. 49 7	· C			ark Heights Ave.



BALTIMORE CITY HEALTH DEPARTMENT

	NO. 65 11788 CERTIFICATE OF DEATH Registered No. 5	1788-
	or Print) PUSS, WW. W.,	1章 2等
F	JULI NAME OF OSPITAL OR STREET ADDRESS (Where decreased lived. If institution and the street of the	-01
5. \$1		nder 1 Yr. If Under 24 Hr. hs Doys Haurs Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WETIRED BALTO, CITY FIRED FROM BALTIMORE, MD.	CITIZEN OF WHAT COUNTRY?
13. F	ATHERS NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME	V / 0 / 11
(Yes,	Vas Décessed Ever in U. S. Armed Forces? no ar unknawn) (If yes, give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 18-18-8398	RIES - SAME
	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does nal mean lhe made al dying, e.g., hearl lailure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)	? 5 HRS.
	ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, il any, giving rise la lhe abave cause (A) staling the (C) UNDERLYING CONDITION last.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. MESENTERIC ART. THROMBOSIS	3 wics.
ERTIFIC	194. DATE OF OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION YES OF No. 208. IF YES, WERE FINDING CAUSES C	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID (If in Baltimore City, home, larm, foctory, street, affice bidg., INJURY OCCUR? etc.)	give exact location)
	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURED OF INJURY (APPROX.) While At Not While At Wark 21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this haspital) attended the deceased from	
	23A. SIGNATURE M.D. Attending Med. Stoff Phys. 23C. PHYSICIAN'S 23D. ADDRESS	11/15/65
	Margaret A. Dennis M.D. THe Johns Hopkins Hospit	
24A	BURIAL 11-19-65 HOLY REPEEMER CEM, 4430 BELAIR RD.,	BALTO, MI
VS	1011 10 1005 0 0 98 8	TONELTWEST,



of death (5) Decease

cause

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death.

П	BIRTH	NO.	
П	AAE	NO.	NO

NAME OF DECEASED (Type or Print)

2. DATE AND HOUR OF DEATH November 15, 1965

12:10

HOSPITAL OR

Mary D. Shields 3. PLACE OF DEATH IN BALTIMORE MARYLAND

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY

FULL NAME OF INSTITUTION

(If not in hospital or institution, give street

Baltimore Maryland C CITY OF TOWN

1023 Arncliffe Road

Baltimore City Hospitals

(If outside city limits, write RURAL and give township)

4940 Eastern Avenue Baltimore. Maryland D. STREET ADDRESS (If rural, give location)

2122.1

5. SEX Female 10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of loreign country)

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed

8. DATE OF BIRTH 3-21-1881 9. AGE (In veors ost birthdov)

If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY?

done during most of working life, even if retired)

HOME

21224

Virginia 4. MOTHER'S MAIDEN NAME U. S. A.

HOUSEWORK

CHARLES

MYERS

15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)(If yes, give war or dates of service)

White

1 6. SOCIAL SECURITY NO. 3

RECORDS: BCH 4940 Eastern Avenue 21224

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying,

PUlMONATY

heart foilure, osthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

FACTUF

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION

20A. AUTOPSY? (Yes or No) C

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)

21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? HOME

(If in Boltimore City, give exact logation) 1023 arnollise Rol Barro

failure

MEDI (APPROX)

(Month) (Dov) (Year) (Hour)

21 E. INJURY OCCURRED

FICA

Not While

21F. HOW DID INJURY OCCUR?

22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost sow the deceased alive on Way 15

WAS PERFORMED

1965 to NOY

19 6 5 and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above. (1) (We) (did) (did nat) view the body ofter death.

23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)

Attending Phys. M.D.

Phy s. X.		Stoff Phy s.
-----------	--	-----------------

23B. DATE SIGNED 11-15-1965

Dr. Stephen Gregg

23D. ADDRESS

4940 Eastern Avenue Baltimore, Md. M.D. 24D. LOCATION

24A. BURIAL CREMATION, 248. DATE REMOVAL (Specily)

24C. NAME of CEMETERY OF CREMATORY HIGHLAND

BURIAL

Med.

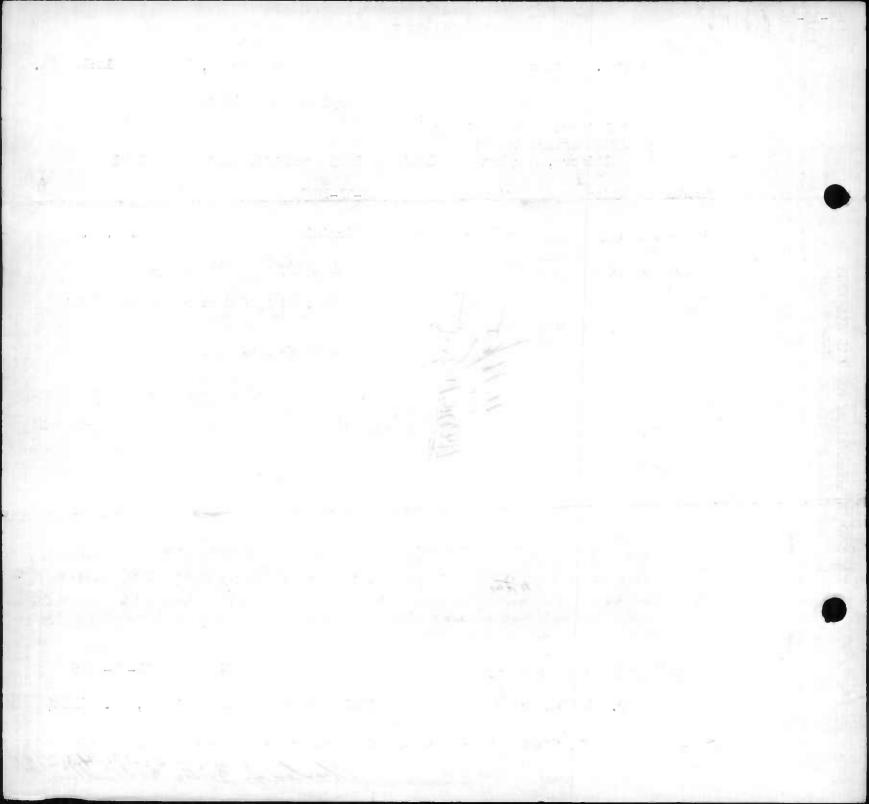
Director

258. NAME OF REGISTRAR

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

IMPORTANT MEDICAL OR OVAL FUNERAL 0 RELEASED



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to death.

prior

a hospital and

OF	12 4000
65	11790

	65 11	1790 BALTIMORE CIT	TY HEALTH DEPARTMENT		65 11790
IRTH NO.	00	CERTIFICA	ATE OF DEATH	Registered Na	OO TIADU
A.E. CASE NO.	EASED ;		2. DATE AN	D HOUR OF DEATH	
Type or Print)	HOR	ACE J.KELL	AM NOO	16-196	5 8:30 P.
FULL NAME OHOSPITAL OR	OF (If not in hospital a	NYLAND or institution, give street	A. STATE B. COUN	TY .	titution: residence before odmissi
INSTITUTION	oddress or location		BALTIMO		URAL ond give township)
310	N. CALHO	oun st		LHOUN	
. SEX	O. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) PARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
one during most of	UPATION (Give kind of work working life, even if retired)	PORT OBALTIMO		P	12. CITIZEN OF WHAT COUNTRY?
6 COR	05 K- K		14. MOTHER'S MAIDEN NAM	ME	
5. Was Deceased (es, no or unknown	Ever in U. S. Armed Force (If yes, give wor or doles	of service) 16. SOCIAL SECURITY NO. 213-03-707	6 Leah Kel	lam 310	N. CALHOUN S
(This does n	SE OR CONDITION DIRI LEADING TO DEATH not meen the mode of osthenio, etc. It meens	dying, e.g.,	e Colonary		
	ANTECEDENT CAUSES	deoth.)	wordynby	search 15	reknow
rise to the	OR CONDITIONS, if a e obove cause (A) G CONDITION last.				AAAAA AAA TAATTI TITTAA AAAAAA AAAAA AAAA AA TA TA TA TA TA
OTHER SIGNI TO THE D DISEASE OR	II IFICANT CONDITIONS CO EATH BUT NOT RELATION CAUSING IT	TED TO THE			
TO THE D DISEASE OR 19A. DATE OF	OPERATION 198. CONE	OITION FOR WHICH OPERATION ORMED	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF medical examiner	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 21E INJURY OCCURRED While At Not We Not Work	21F. HOW DID INJ	URY OCCUR?	
that (I) (we)	lost saw the deceased			at in(my) (our) apin	ion death accurred an the c
		ed abave. (I) (We) (did) (did not)	view the bady after death.		
23A. SIGNATU	en Br	W.D. A	Hending Med.	Stoff	AL-IT
23C-PHYSICIA	N'S	Pro-	23D. ADDRESS	Phys. L	114 04

24A. BURIAL CREMATION, REMOVAL (Specify)

CREMATORY

ATORY 24D. LOCATION (City, town, or county) (State)

Barbon

25C. FUNERAL DIRECTOR

Marsharl Pullayer 688N GILMOR ST

1965 9



1	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	1
This certificate must be approved by the chief medical examiner or his assistant if death or	e chief medical examiner	or his assistant if death o	O
the body was released to the hospital by a medical examiner. Also, if the direct or con	by a medical examiner.	Also, if the direct or cor	L
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeter	.) Body burns; (3) A fractu	re of any kind; (4) Undeter	1
was D.O.A. at a hospital (except where the physician who pronounced death was in re	e the physician who pro	nounced death was in re	10

of death Deceased

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CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) OU institution: residence before B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION ADDRESS is mad B. DATE OF BIRTH 9. AGE (In years If Under 1 Yi. If Under 24 His. WIDOWED, DIVORCED (specify) Months Doys Hours ! IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF 12. CITIZEN OF WHAT COUNTRY? or final disposition done during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 214 Uppor Road 6, SOCIAL (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. Mrs. Mildred E. Allbrittain Baltimore, Md. 12 212-05-6402 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, heart foilure, asthenia, etc. Il means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DUE TO Gre DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost, remains П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in a obout 21C. WHERE DID home, faim, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) etc. MEDI obtained 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (4) (this hospital) ottended the deceased from 5 40BMthat (1) (we) lost saw the deceased alive on ond that in (my) (our) opinion death occurred an the date ond hour and fram the couses stated above. (Me) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director Stoff M.D. approval 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) written Burial 11/20/1965 Lorraine Park Cemetery Woodlawn, Md. 258. NAME OF REGISTRAR 2SA. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/65

MAN DEPARE

BALTIMORE CITY HEA



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

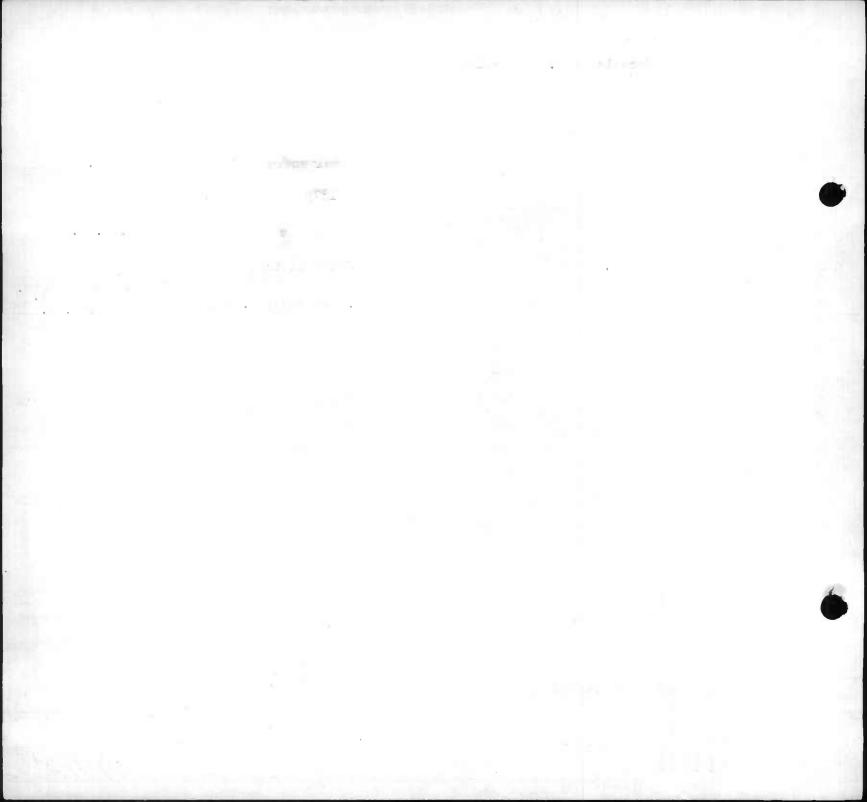
91.0	TH NO.	65 1:	1792	BALTIMORE CITY			.65 11792
M.	E CASE NO /		11010	CERTIFICA		1111/	
(Ty	Han	ry Edwar	d Arr	nold		V1/19/65	12:25 A.M.
		ATH IN BALTIMORE, MAR	r institution.	give street	A. STATE	NCE (Where deceased lived. II B. COUNTY DO BALF/IMOREY	FOUNTXCE
	HOSPITAL OR				1	(If outside city limits, with	The state of the s
4		LTIMORE, H			D. STREET ADDRE	SS (If rurol, give locotion) OCHVIEW TERR	
5.			WIDOWE	NEVER MARRIED b, DIVORCED (specify) rried	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		UPATION (Give kind of work			11. BIRTHPLACE (SE	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	resident	- Painters	E. C.	1. Fishpaw Co.	Baltimor	e Co. Md.	USA
1.5	Ralp	h Arnold		11 / 2021	Chryst	al M. Barnes	ADDRESS
		(If yes, give wor or dotes		16. SOCIAL SECURITY NO. 216-10-1473	Self **	304 Lochview Timonium, Mar	Terrace
	1B./90	9 I	CTIV	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	heori foilure, injuly of cor DISEASES (rise to th	nol meon the mode of osthenio, etc. It meons in the coused ANTECEDENT CAUSES OR CONDITIONS, if of obove couse (A) G CONDITION lost.	the disease, death.)	(B)	7,21713		DNUMB 11/3/65-11/47/6
ATION	TO THE D	II IFICANT CONDITIONS COMMENT EATH BUT NOT RELATED TO THE CONDITION CAUSING IT	TED TO TH		NE		
ERTIFIC	19A. DATE OF	OPERATION 198 CONE WAS PERF	ORMED	WHICH OPERATION JOHN OF SICH	PC is "	(Yes or No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CALC	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	hon	R PLACE OF INJURY (e.g., in ne, form, foctory, street, of	n or obout 21 C. WHE ffice bldg., INJURY C	RE DID (If in Boltin	nore City, give exact location)
MEDIC	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Tile At Not While At Work		DID INJURY OCCUR?	
	that (I) (we	ast sow the deceased	d alive an	the deceosed from	17 19 65		opinion death occurred on the date
	23A. SIGNATI	1. / . / . / . / / .	line	Phy	ending Mer s. Dire	Stoff Phys.	L HOSPITAL
24	NAME (EREPHONE	C 1 - 14	M.D.	5€3430		-8-0ETTHERE, 715
24	Burial Burial	Specify)		raine Park Ce		Woodlawn, M	(City, town, or county) (Stote) aryland
25		8 1965 Poly	1.	of REGISTRAR	wm.1.		no north LPa lere
VS	150-REV. 1/1/	65			4		

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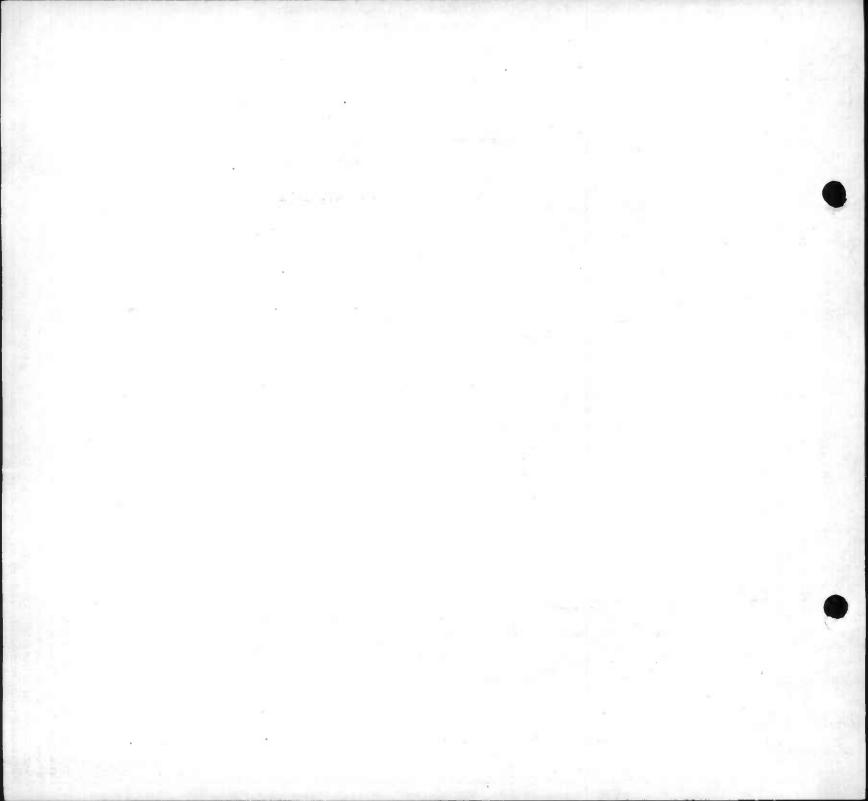
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	() 2mm 8	2 10163 (3	BALTIMORE CITY	HEALTH DEPARTMENT		
81 R	TH NO. 65 1	1793	CERTIFICA	TE OF DEATH	Registered No	65 11793
M.I	E CASE NO.		CERTIFICA	IL OI DEATH		
	NAME OF DECEASED			2. DATE	AND HOUR OF DEAT	, 10
tiy	Cecelia :	L. Kei	iles	11/2	15-65	1 11 10 10 11
3.	PLACE OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (W. A. STATE 8. COL		institution; residence before admission)
	FULL NAME OF (If not in hos oddross or low	pitol or institution, cation)	give streot	Maryland	outside city timits, write	RURAL and give township)
1	TENINDUTE HE	BREW	HOME BUD	Baltimore		
1	INFIRMBEY.				If rurol, give locotion) and Greens	oring Aves.
5. 5	Female White	WIDOWE	D. DIVORCED (specify)	8. DATE OF BIRTH 6/5/1879	9. AGE (In yours lost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of the during most of working life, even if reti		F BUSINESS OR INDUSTRY ated Jewish	11. BIRTHPLA CE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired		arities	Russia		U. S. A.
13.	FATHERS NAME	<u> </u>	arrutes	14. MOTHER'S MAIDEN N	AMF	
	Alexander M. Idov			JUlia Klute		
15.	Was Decoasad Ever in U. S. Armer s,no or unknown) (If yes, give wer or	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		2500 Wisconsin Ave
	No None	20,00	SECORITI NO.	Mr. Alexander	M. Keiles	Vashington D C
	18. //) / /		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode	ATH of dying, e.g.,		wire myoc	of in lailons	onset and Death
	heart failure, asthenia, etc. It me injury ar camplication which can				berd	PG.
	ANTECEDENT CAL	ISES	(8)	15c10-	******************************	
	DISEASES OR CONDITIONS,					
8	rise to the above cause UNDERLYING CONDITION last		(C)		0 T T T T T D D D D D D D D D D D D D D	00 00 MARAN (WOAD TO TO TO ARRANGE TAQUERO COTT 0 040 0 0 70 0 70 4 77 73 0 0 70
z	OTHER SIGNIFICANT CONDITION	S CONTRIBUTION	IG .		A	
ATION	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO TH		lambadina to	obstruction	<i>n</i> .
ERTIFIC	19A. DATE OF OPERATION 198.	CONDITION FOR PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	IG 21E hor otc.	mo, lorm, foctory, street, of	n or obout 21C. WHERE DID	(II in Boltime	ore City, give exect locotion)
EDI	21 D. TIME (Month) (Doy) (Y	oor) (Hour) 21E	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
Z	(APPROX.)	W	hilo At Not While			
	22. I certify that (I) (this has	oital) attended t	the deceased from	Dec. 4	1961 to N	N 15 1965
	that (I) (we) last sow the dece	eosed olive on	Nov. 15	19.65 ond	that in (my) (our) of	pinion death occurred on the date
	ond hour ond from the couses	stated above. (I) (We) (did) (did not) v	iew the body ofter death	1.	
	23A. SIGNATURE	. Willo	M.D. Alle	ending Med. Director	Stoff Phys.	23B. DATE SIGNED New - 15./ 1965
	23C. PHYSICIAN'S NAME (Type) RUTH	NILLH!		LE VINDALE		and 3MOH ME
244	A. BURIAL CREMATION, 248. DAT	24C.N	AME of CEMETERY of CRI	And the second		City, town, or county) (Stote)
	REMOVAL (Specify)					
254	Burial 11/1'	7/1965 I	Hebrew Friends OF REGISTRAR	hip Cemetery		MADDRESS
1	10V 18 1965 Robe	& E. tail	Sey H. A	Wm 1. Tris	Enge & Son	Bally mf. 17
				UNITED VV	- / UP-C/ 100//	4 1 1 1 1 1 1 1 00 10000



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

PLACE OF D	JOSEPHII	NE O. MOELLER	2. DATE AND HOUR OF DEATH 17 Novembor	1965 8750 A
FULL NAME HOSPITAL O	E OF (If not in hospital	or institution, give street	A. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY Md. Baltimore C. CITY OR TOWN (If autside city limits, write)	institution: residence before admissi
7	Inelle	M Hospital	Towson D. STREET ADDRESS (If forol, give location) 6520 Banbury Rd.	5300
SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H
Female	White	Divorced (specify)	Jan 17, 1881 84	Monins Days Hours Min
	CCUPATION (Give kind of world of working lite, even if retired)	rk 108, KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
House			North Carolina	
FATHER'S N			14. MOTHER'S MAIDEN NAME	
	Charles L. Os	borne	Mary E. Killian	
Was Decoas	sed Ever in U. S. Armed Fo		17. INFORMANT	ADDRESS
No	own) (If yes, give war ar dat			20 Bambury Road
18.42	20.0 yl 26	X	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISE	EASE OR CONDITION DI LEADING TO DEATH	A.	21	-/
		(1) 16	ilmonary embolus	1 455
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heart failur	s not mean the made of re, asthenia, etc. It means	f dying, e.g., DUE TO s the disease,		
heart failur	re, asthenia, etc. It means complication which cause	f dying, e.g., DUE TO s the disease, d death.)	trial Exprellation	2+405
heart failur injury ar c	re, aslhenia, elc. Il means complication which caused ANTECEDENT CAUSE	f dying, e.g., DUE TO s the disease, d death,)	trial Exprellation	2+45
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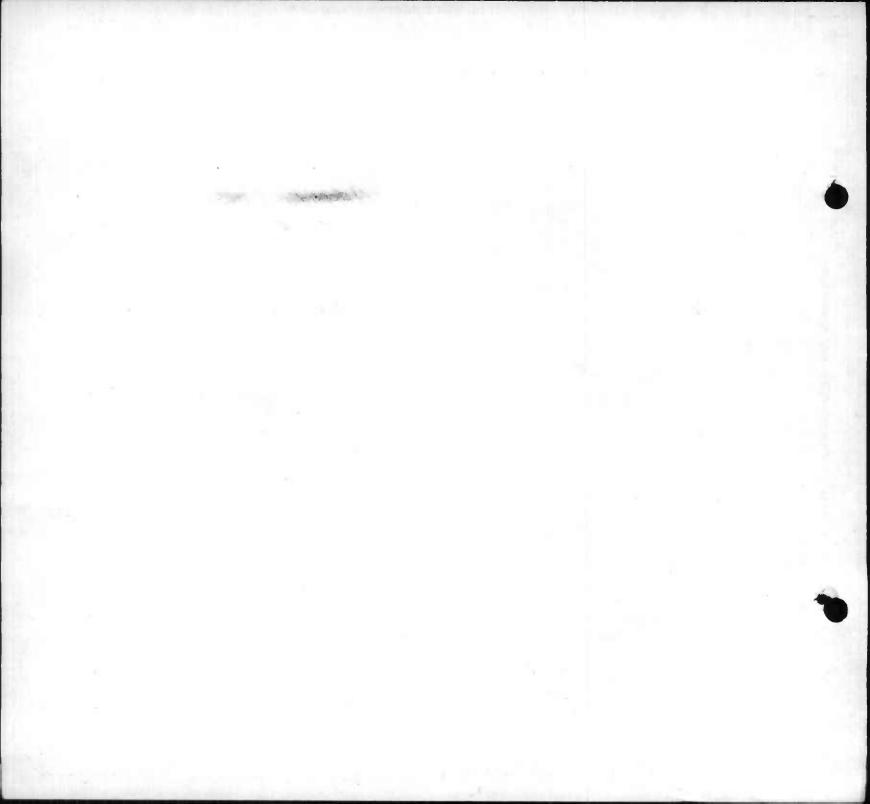
was D.O.A.

An

shows:

BALTIMORE CITY HEALTH DEPARTMENT 44-22-09 65 11795 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) eath. 4. USUAL RESIDENCE (Where A. STATE B. COUNT 3. PLACE OF DEATH IN BALTIMO deceased lived. B. COUNTY Maryland FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, RURAL INSTITUTION 0 Baltimore City Hospitals Baltimore prior D. STREET ADDRESS 4940 Eastern Avenue (If rurol, give location) Baltimore. Maryland. #21224 Calhoun St., #21217 Ö 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys R. DATE If Under 24 Hrs. 5. SEX BBE deceased WIDOWED, DIVORCED (specify) Hours Male Widowed Negro 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11), BIRTHLACE (Stife or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ispositio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Gerald Lil 0 D ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 16. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance #21224 RECORDS: BCH, 4940 Eastern Ave., CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med Ventrjeular Asyptole LEADING TO DEATH (This daes not mean the made of dying, e.g., embal heart failure, asthenia, etc. It means the disease, Myocardial defraction 9 injury or camplication which caused death,) regul ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the remains UNDERLYING CONDITION last. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED Yes Yes before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) å DEATH (notify medical examiner etc.) MEDIO be obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) At Work Work and 22. I certify that (11) (this hospital) attended the deceased fram

19 and that in (my) (evr) apinion death accurred on the date that (1) (we) last saw the deceased alive an and have and from the causes stated abave. (1) (We) (did) (videnet) view the body after death. 23B. DATE SIGNED 23A, SIGNATURE M.D. Attending Phys. Stoff Med. Phy s. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) LAURICE MC M.D. 4940 Eastern Avenue, Baltimore, Md., #21224 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 6 & Farber MA 25C. FUNERAL DIRECTOR HEALTH DEPT.



and (6) No physician was in regular attendance on the deceased prior to death.

deceased prior to death);

was D.O.A. at a hospital

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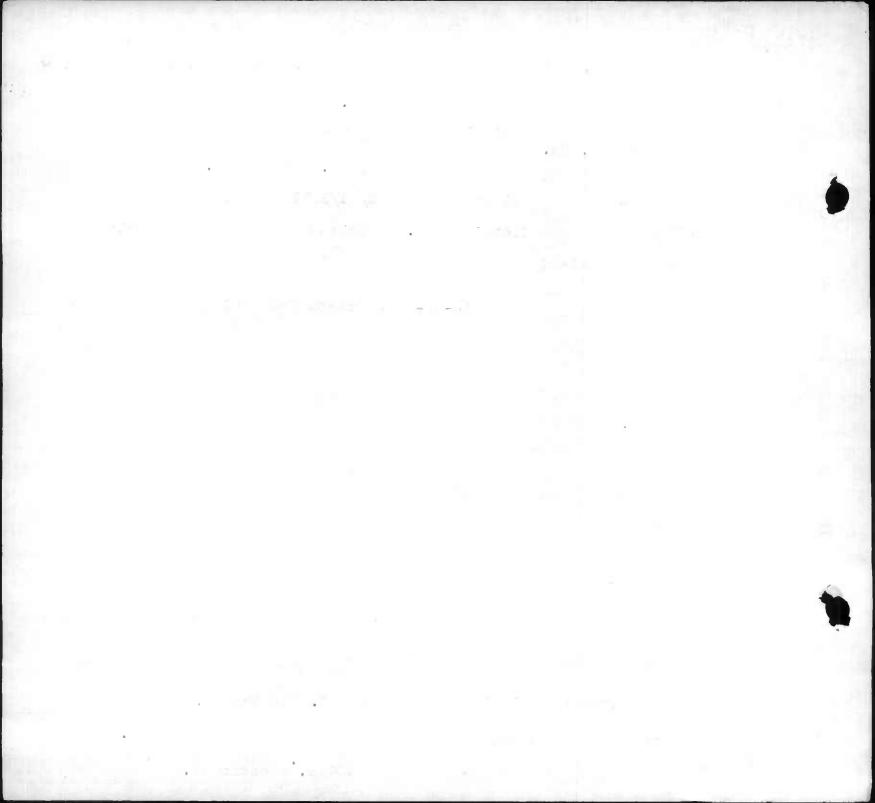
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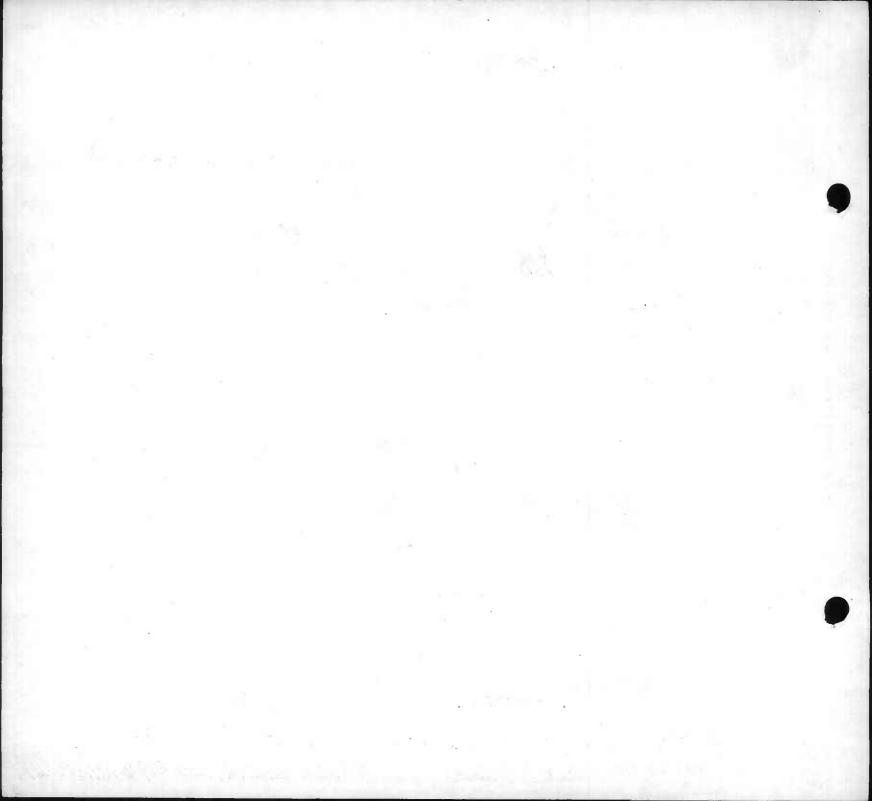
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Type of Print) TOMALSKI, THE	IOMAS			member 16, 1	965 1:08P,
PLACE OF DEATH IN BALTIMORE, N	AARTLAND			OUNTY	stitution; residence before admission
FULL NAME OF (If not in hospit HOSPITAL OR oddress or local INSTITUTION	ol or institution, tion)	give street	Md.	f outside city limits, write F	URAL ond give township)
Church Home	& Hospi	tal	Baltimore		
Baltimore, Mo	_		D. STREET ADDRESS	(ff rurol, give location)	
			16 S. Ches	ter St.	
5. SEX 6. RACE		D, NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Months: Ooys Hours Min.
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OA, USUAL OCCUPATION (Give kind of w	ork 10B. KIND O	F BUSINESS OR INDUSTRY		1	12. CITIZEN OF
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Tailor	CIOC	uring mrg.	14. MOTHER'S MAIDEN	NAAAR	
	- 2		14. MOTHER'S MAIDEN	NOWE	
Anthony Tomalsh	K1		•		
5. Was Deceased Ever in U. S. Armed I Yes, no or unknown) (If yes, give wor or d	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examiner) 21O. TIME (Month) (Day) (Year OF INJURY (APPROX.) 22. Certify that (I) (this hospit	21 hoo etc	E INJURY OCCURRED hile At Not Whitork At Work	le	fNJURY OCCUR?	City, give exact location)
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medicol exominer) 210. TIME (Month) (Doy) (Year OF INJURY (APPROX.) 22. Certify that (I) this hospit that (I) we) lost sow the decement	21 ho etc. or) (Hour) 21 W wtol) ottended osed olive on	me, form, foctory, street, co.	21F. HOW DID	fNJURY OCCUR?	City, give exact locotion)
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medicol exomines) 21O. TIME OF INJURY (APPROX.) 22. Certify that (1) this hospit that (1) we) lost sow the decea	21 ho etc. or) (Hour) 21 W wtol) ottended osed olive on	me, form, foctory, street, co.	21F. HOW DID	fNJURY OCCUR?	City, give exect locotion)
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DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medicol exominer) 210. TIME (Month) (Day) (Year OF INJURY (APPROX.) 22. Certify that (I) this hospit that (I) we) lost sow the decea	21 ho etc. or) (Hour) 21 W wtol) ottended osed olive on	me, form, foctory, street, oc., oc., oc., oc., oc., oc., oc., oc.	le	fNJURY OCCUR?	City, give exect locotion)
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examines) 210. TIME (Month) (Day) (Year OF INJURY (APPROX.) 22. Certify that (I) this hospit that (I) we) lost saw the decea ond hour and from the causes s 13A. SIGNATURE 23C. PHYSICIAN'S	21 ho etc. or) (Hour) 21 W wtol) ottended osed olive on	me, form, foctory, street, oc.) E. INJURY OCCURED hile At Not Whi At Work the deceased from	le	fNJURY OCCUR? 19 to d that in (my) (our) apin	City, give exect locotion)
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examiner) 21O. TIME OF INJURY (APPROX.) 22. Certify that (I) (this hospithat (I)) we) lost sow the decean ond hour and from the causes s 23A. SIENATURE 23C. PHYSICIAN'S NAME (Type)	tol) ottended obsed olive on toted obsver	me, form, foctory, street, oc.,) E. INJURY OCCURED hile At Not Whi At Work the deceased from	21F. HOW DID 21F. HOW DID 19 on View the body after declaration of the body after declaration	fNJURY OCCUR? 19 to d that in (my) (our) opinion. Stoff Phys	City, give exect locotion)
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medicol exomines) 21O. TIME (Month) (Doy) (Year OF INJURY (APPROX.) 22. Certify that (I) this hospit that (I) we) lost sow the deceo ond hour ond from the couses s 13A. SIGNATURY 23C. PHYSICIAN'S NAME (Type) The odo:	tol) ottended osed olive on toted obove.	me, form, foctory, street, oc.,) E. INJURY OCCURRED hile At Not Whi At Work the deceased from (I) (We) (di) (did not) Att Phy M.D. Att Phy	21F. HOW DID 21F. HOW DID 19 On View the body after declaration of the declaration of	fNJURY OCCUR?	City, give exect locotion) 19 65 nion death occurred on the deat
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examines) 210. TIME (Month) (Day) (Year OF INJURY (APPROX.) 22. Certify that (I) (this hospit that (I) we) lost sow the decea ond hour and from the causes s 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Theodol 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	tol) ottended osed clive on toted obove. 2	me, form, foctory, street, oc.,) E. INJURY OCCURRED hile At Not Whi At Work the deceased from (I) (We) (di (did not)) M.D. Att Phy M.O. AMME of CEMETERY of CR	le 21F. HOW DID 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	fNJURY OCCUR?	City, give exact location) 19 65 nion death occurred on the death 23B. DATE SIGNED (7, town, or county) (State)
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examines) 210. TIME (Month) (Day) (Year OF INJURY (APPROX.) 22. A certify that (I) (this hospit that (I) we) lost sow the decea ond hour and from the causes s 13A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) The Odo 1	tol) ottended obsed olive on toted obove. Zww. Zww.	me, form, foctory, street, oc.,) E. INJURY OCCURRED hile At Not Whi At Work the deceased from (I) (We) (di) (did not) Att Phy M.D. Att Phy	le	fNJURY OCCUR?	City, give exect locotion) 19 65 nion death occurred on the december of the

VS 150-REV, 1/1/65

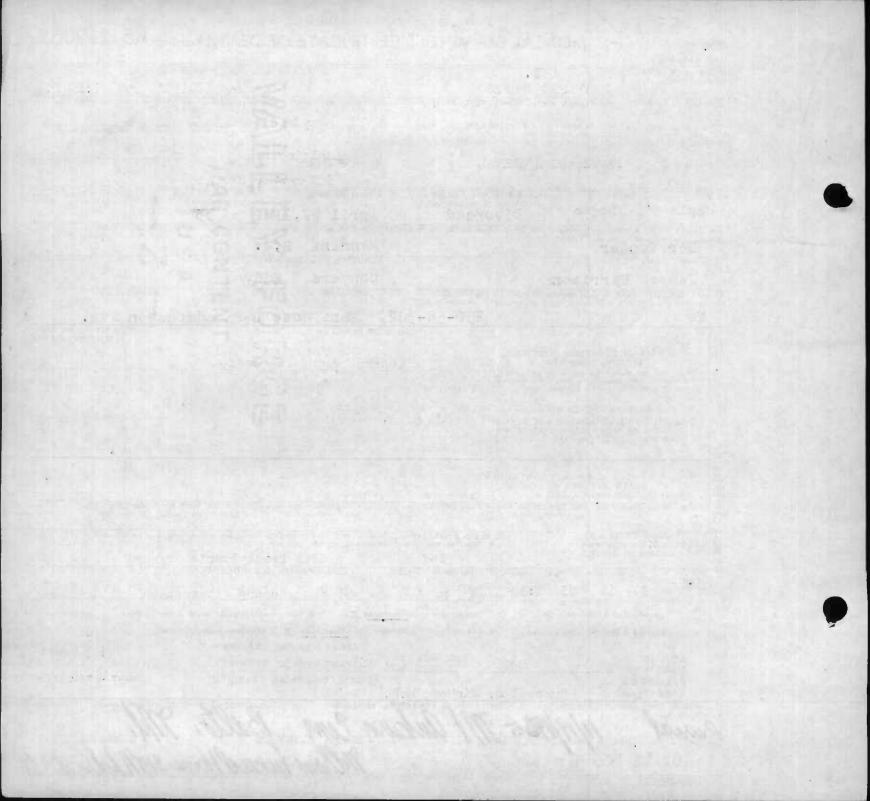
John More Weber & Sons 401 S. Chester St.

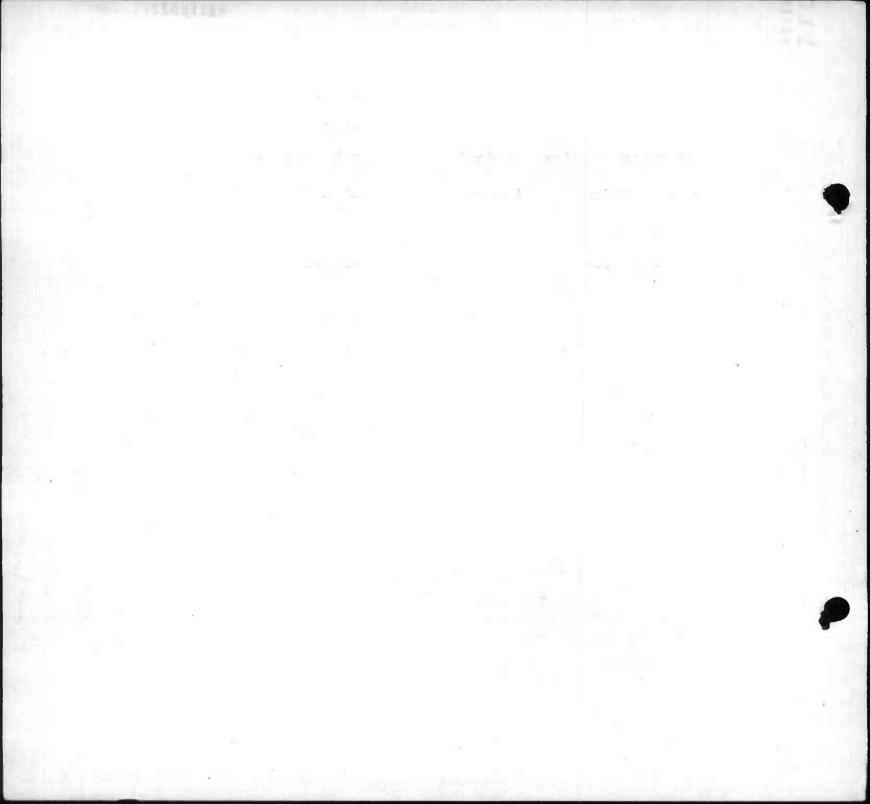


	BALTIMORE	CITY HEALTH DEPARTMENT		T B America
BIRTH N	10. 65 11797 CERTIFI	CATE OF DEATH	Registered No.	5 11797
	E OF DECEASED	attord 11-	15- 66	945 PM.
3. PLA	CE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUN	e deceased lived. If instituti TY	on: residence before admission)
HOS	NAME OF (If not in hospital or institution, give street oddress or tocotion)	Md.	side city limits, write RURA	L and give township)
11	1 0 1 0 0	Ballimore		
0	Lutheran Hospital of Med.	D. STREET ADDRESS LIPE	wolden AVE	
5. SEX	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci		9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. nths Days Haurs Min.
	UAL OCCUPATION GIV kind of work 108, KIND OF BUSINESS OR IND		gn cauntry) 12.	CITIZEN OF
done du	ring most of working life, offen if retired) free working life, offen if retired) free working the fling to	Charles De Windo For	nie.	WHAT COUNTRY?
13. FAT	HERS NAME	14. MOTHER'S MAIDEN NA	ME A	u·s.
	- 1 fun Salah Waltor	of with furnin	Mattie	White head
Yes, na	Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	m Hosp. chart	ADDRESS
18.		JSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	Respiratory & Circa	fator failure	10 ruenstes
he	nis daes nat mean the made af dying, e.g., DUET art failure, asthenia, etc. It means the disease, ury ar camplication which caused death.)	onelas Fasis	10	and the second
	ANTECEDENT CAUSES (B) DUE T		/ /	#C 14400140400000000000000000000000000000
ris	SEASES OR CONDITIONS, if any, giving to the abave cause (A) stating the (C) DERLYING CONDITION last.	/ cr mina/ Carcing	no, Dowel	
	11 / 0	0 -		
E TO	THER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE SEASE OR CONDITION CAUSING IT.	ne farfic		
		Paughin 20A. AUTOPSY? (Yes or No	ON 20B. IF YES, WERE FINDS IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
U 21/	A. ACCIDENT WAS UNDERLYING 21 PLACE OF INJURY CONTRIBUTING CAUSE OF ATH (notify medical examiner)	et, office bidg., INJURY OCCUR?	(If in Boltimore City	, give exact tacotion)
Q 210 OF		t White	URY OCCUR?	
-	WORK — AT	Work 1	10/5 40 1/0/:	15 1961
	, I certify that (I) (this hospital) attended the deceased from It (I) (we) last saw the deceased alive on		19/cf ta /// at in(my) (our) apinian	death occurred an the date
	d have and from the causes stated above. (1) (We) (did) (did	nat) view the bady after death.	lean	DATE CICHED
234	A. MamariPh - M.D	Attending Med. Phys. Director	Stoff Phys.	11 - 15-65
239	PHYSICIAN'S NAME (Type)	M.D. / M. Francis	Has it 1	7443
24A. BI	A. Mamaril, Jr. URIAL CREMATION, 248. DATE 24C. NAME OF CEMESERY	-ullehalv 1	OCATION (City, to	ewn, or county) (State)
Bu	Moval (Specify) Nov. 20,1965 MT. Au	burn Com. B.	x/10. //	nd.
9 4	ATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	111 -	ADDRESS
14	OV 18 1965 Roy & E. Farluna	Trullams Yus	MINU / tome 31	4 1. Schrocall



BIRTH NO.	MED	ICAL EXAMINER'S	CERTIFICATE OF DEATH Regi	stered New 11/10			
M.E. CASE NO.							
1. NAME OF D	THOMA	T. S HARRISON		November 14,1965 1:55 P.M.			
3. PLACE IN BA		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)			
			A. STATE B. C.	COUNTY			
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, v	vrite RURAL and give township)			
29	PROVIDENT	HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)	1900			
1			565 Mosher Street				
5. SEX Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Divorced	April 27,1932 9. Age (In year lost birthdoy) 33	ors If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.			
IOA. USUAL OC	CUPATION (Give kind of wor	k 108. KIND OF BUSINESS OR INDU		12. CITIZEN OF			
done during most of Bar	Tender		Manning S,C.	WHAT COUNTRY?			
Jame			Conyers Eddy				
	SED EVER IN U.S. ARMED		17. INFORMANT	ADDRESS			
No		250-54-3	829 Emma Rose 1925 Edmo	ondson Ave.			
1B.	91X	CA	AUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISE	ASE OR CONDITION DI	IRECTLY		ONSET AND BEATH			
	LEADING TO DEATH	H (A)	Gunshot wound of chest				
heart failu	s not meon the mode of re, osthenio, etc. It meons complication which coused	t dying, e.g., DUE TO s the disease, death.)					
	ANTECENDENT CAUS	re					
DISEASES	ANTECENDENT CAUSI S OR CONDITIONS, IF A	(P)					
RISE TO 1	THE ABOVE CAUSE (A) S	STATING THE					
		(C)					
OTHER SI TO THE DISEASE	il il						
OTHER SI	GNIFICANT CONDITIONS DEATH BUT NOT RE						
DISEASE	OR CONDITION CAUSING	G IT					
19A. DATE G	OF OPERATION 198, CON WAS PER	NDITION FOR WHICH OPERATION REPORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING C. Yes	E FINDINGS CONSIDERED AUSES OF DEATH?			
	AL CAUSE WAS	218. PLACE OF INJURY	e.g., in or obout 21C. WHERE DID (If in Boltimore City et, office bldg., INJURY OCCUR?	, give exact location)			
UTING CA	USE OF DEATH.	etc.) Bar	1302 Pennsylvania				
E 21D TIME	(Month) (Doy) (Yeo			avenue			
OF INJURY (APPROX.)	11 14 65	1:30P WHILE AT K	Shot during altered	ation			
22. 1 ce	ertify that I held an I	Inquiry Inspection	Autopsy X and that on this basis, death i	n my opinion			
res	ulted from: Notural co	ouses Accident Su	icide Homicide X Undetermined ma	inner 🗌			
	1	10	CHIEF MEDICAL EXAMINER	DATE CICUES			
SIGNA	TURE OF	when	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED			
	INER'S (Type) Rus	ssell S. Fisher, M	.D.	11-15-65			
23A. BURIAL CI	REMATION, 23B. DATE	23C. NAME of CEMET	ERY or CREMATORY 23D. LOCATION	City, town, or county) (Stote)			
Busia	///////	1985 91/1 aus	um Cem Ballo.	JIM ADDRESS			
NOV	18 1965 (P.O.	248. NAME OF REGISTRAR	Williams Films of About	3109 / Mar Die 1			
VS 151-REV. 1/	1/65	ap a language	Manual Indiana House	- or III say was A			





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Y	T	

FUNERAL DIRECTOR: IMPORTANT shows: (1) An accident of an deceased prior to death); a written approval must be ol was D.O.A. at a hospital (e This certificate must be the body was released

1	-450 65 11800 BALTIMORE C	ITY HEALTH DEPA	ARTMENT			
M.E	CASE NO.	ATE OF D	OU LLOU			
	BEATRICE J. KLE	2. DATE AND HOUR OF DEATH NO. 10 1965 1:30				
	LACE OF DEATH IN BALTIMORE, MARYLAND ULL NAME OF (If not in hospitol or institution, give street	A. STATE	B. COUNTY			
1	OSPITAL OR oddress or location)	C. CITY OR TO				
1	BALTIMORE CITY HOSPITALS 4940 EASTERN AVE.	D. STREET ADD				
5. \$	BALITIMORE, MARYLAND 21224 EX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIR				
	EEMALE WHITE WIDOWED USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUS:	3-12-9	E (Stote or foreign country) 12. CITIZEN OF			
don	during most of working life, even if retired)	WALES	U.S.A.			
13.	Henry Evans	14. MOTHER'S	MAIDEN NAME			
15. (Yes	Vas Deceased Ever in U. S. Armed Forces? In or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 216-36-839	17. INFORMANT				
		OF DEATH	AC APREST MINUTE			
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		NSCLEROTIC HEART PIS. (3)			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.					
FICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IC OSTER	POWYEUTIS RT, HP Z5 YP			
CAL CERTIFIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, foctory, street etc.)	g., in or obout 21C. W	NO WHERE DID (If in Boltimore City, give exact location)			
	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E INJURY OCCURRED While At Work At W	Vhile	HOW DID INJURY OCCUR?			
	22 I carrier that (IX this hasnital attended the deceased from	DeT. 30	1065 to LOV, 11 10			

that (1) (we) last sow the deceased alive on and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.

16

M.D.

Attending Phys.

23D. ADDRESS

Med. Director Stoff Phys. 238, DATE SIGNED

23C. PHYSICIAN'S NAME (Type) DR. WAYNE UHR 24A. BURIAL CREMATION, REMOVAL (Specify) DATE

M.D. 4940 EASTERN AVENUE-#21224

1965 8

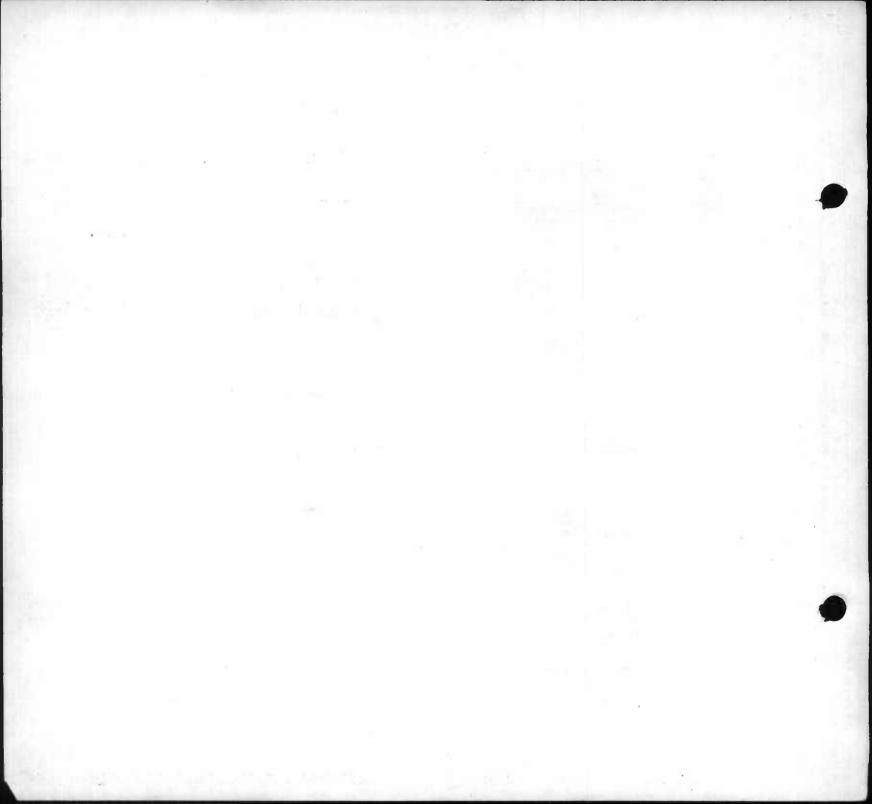
& E. FarberA

inal Fudenik
25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

23A.SIGNATURI

and that in(my) (our) opinion death occurred on the date



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

			BALTIMORE CITY	Y HEALTH DEPARTMENT	X	05 44904		
BIRTH NO.	11.7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		CERTIFICA	ATE OF DEATH		. 65 11801		
1.NAME ((Type or P	of DECEASED WALTER	HN.	ATNIKHY	ratical No	unter 16,19	965 5:45 A.M		
3. PLACE	OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived. If	institution: residence before admission)		
FULL N	IAME OF (If not in hospital	or institution,	give street	Marylan	d	Balts		
HOSPIT	AL OR oddress or tocation	1)				e RURAL and give township)		
-	Church Hor	me au	d Hospital	Baltimor		0300		
5	Balfimore, h	end.		D. STREET ADDRESS 322/ Dun	(If rural, give location)			
5. SEX	6. RACE	WIDOWED	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 3-10-93	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	L OCCUPATION (Give kind of work		NED HILLIAMS OF INDUSTRY		foreign country)	12. CITIZEN OF		
	most of working life, even if retired)					WHAT COUNTRY?		
		STE	E-Z	Austri	_	UKralhia		
0	y mmitri /fn	a + mi	K	14. MOTHER'S MAIDEN	BOTSIC			
15. Wos D	Deceased Ever in U. S. Armed For unknown) (If yes, give war ar date	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
120			CANCE	DF DEATH		INTERVAL BETWEEN		
18.	33./		CAUSE	OF DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION DIE	RECTLY	O.C	NCER OF	CEALL B	140000		
(This	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO							
heart	failure, asthenia, etc. It means	the disease,						
IIIJOTY	ANTECEDENT CAUSES (B) WITH GENERALIZED ABDOMMAL DUE TO							
	ANTECEDENT CAUSES		DUE TO					
	ASES OR CONDITIONS, if to the obave cause (A)		(C) M	ETASTASIS				
	ERLYING CONDITION last.		,					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
A DISE	ASE OR CONDITION CAUSING	T.						
THE S	DATE OF OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? Yesi o	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?		
U 21 A.	ACCIDENT WAS UNDERLYING	218	21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact local home, form, factory, street, office bldg., INJURY OCCUR?			ore City, give exact location)		
T DEAT	ONTRIBUTING CAUSE OF H (notify medical examiner)		home, form, foctory, street, office bldg., INJURY OCCUR?					
O 21 D. 1	TME (Month) (Day) (Year)	(Hour) 21F	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
S OF IN	IJURY		nile At Not Wh					
(APPR	(OX)	Wo	ork At Work	k 🗀				
22. 1	22. I certify that (1) (this hospital) attended the deceased from 11-5 1965 to 11-16 1965							
that	(1) (we) last saw the decease	ed alive an	11-16	19 6 5 and	d that in (my) (our) a	pinian death accurred an the dat		
	and haur and fram the causes stated abave. (1) (We) (did nat) view the bady after death.							
23A. S	23B. DATE SIGNED							
	Joe D. M.	aiso gri	MO M.D. AT	Hending Med.	Staff	11-16-65		
22.6				23D. ADDRESS	Phys.	11-10-3		
23C.P	NAME (Type) JOSE -	S. Ma	1509 M.D	Manual 1	forme of Hos	pital		
	AL CREMATION, 24B. DATE	/ 24C.N.	AME of CEMETERY of CI	REMATORY 24	D. LOCATION	(City, town, or county) (State)		
REAL	OVAL (Specity)	15-1	OAL	1	ROT	an C- Sall		
25A. DAT	E REC'D BY HEALTH DEPT.	25B. NAME	arred Her OF REGISTRAN	25C. FUNERAL DIREC	Dalum	ADDRESS A		
ZJA. DAI	NOV 18 1965 R.C	ub 2.	Farker May	ulluk	tened Hom	e Dundalk		
VS 150-RE	EV. 1/1/65		1					

Lances of Pools Windstown or whomal is

BALTIMORE CITY HEALTH DEPARTMENT

Deceased deoth

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VS 150-REV. 1/1/65

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IMPORTAN

FUNERAL DIRECTOR: the chief medical examiner

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	BALTIMORE CITY HEALTH DEPARTMENT									
BIRTH NO. M.E. CASE NO. 65 11803 CERTIFICATE OF DEATH Registered No. 65 1								65 11893		
		AME OF DECEASED	ch		November 12, 1965					
	3. P	LACE OF DEATH II	N BALTIMORE, MAR	YLAND	Dillian an	4. USUAL RESID	B. COUNTY	ceosed lived. If ins	stitution: residence before odmission)	
	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or locotion) 250 S. East Avenue					Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township) Baltimore D. STREET ADDRESS (If rurol, give locotion)				
	-					11	East Ave			
		male W	hite	Single	NEVER MARRIED), DIVORCED (specify)	Aug. 1,	1885 ost	GE (In years birthday) 80	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
		. USUAL OCCUPATI o during most of workin		108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign c	ountry)	12. CITIZEN OF WHAT COUNTRY?	
		Saleslady	-ret.			Maryland			U.S.A.	
	13. 1	FATHERS NAME				14. MOTHER'S MAIDEN NAME				
		John U				Elizabeth				
	15. V (Yes	Wos Deceased Ever s, no or unknown) (If you NO	in U. S. Armed Forces, give wor or dotes	es? of service)	16. SOCIAL SECURITY NO. 213-10-3284	George T	George Ulrich 6714 Sherwood Road			
			CONDITION DIR	ECTLY	CAUSE O		1 11	3	INTERVAL BETWEEN ONSET AND DEATH	
		heart failure, asthe	eon The made of enia, etc. It means lian which coused	the disease,	DUE TO	CEYEBYS	1 14 cm	io-uzinler Pressu		
		ANTE	CEDENT CAUSES		(8) /	anteriores	rotic lard	10-1211111 F		
DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stating the UNDERLYING CONDITION lost.										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Serility										
	ERTIFIC	19A-DATE OF OPER	WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No) 20 IN	B. IF YES, WERE F CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?			
	U	21 A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi	A5 UNDERLYING COL CAUSE OF COL exominer)	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	ffice bldg., INJURY	HERE DID OCCUR?	(If in Baltimore	City, give exact location)	
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work 21 Work 21 Work 21 Work 21 Work 21 F. HOW DID INJURY OCCUR?									

May 12 22. I certify that (I) (this hospital) attended the deceased fram.... 19.65 and that in(my) (aur) apinian death accurred an the date and have and from the causes stated abave. ((1) (We) ((did)) (did nat) view the bady after death, 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director Stoff Phys. M.D. Nov. 12, 1961 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

4130 Coleman Ave. Leonard Brill M.D. 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION

REMOVAL (Specify) 11/15/65 St. Matthew's Cemetery 258. NAME OF REGISTRAR

Baltimore, Md.

25C. FUNERAL DIRECTOR

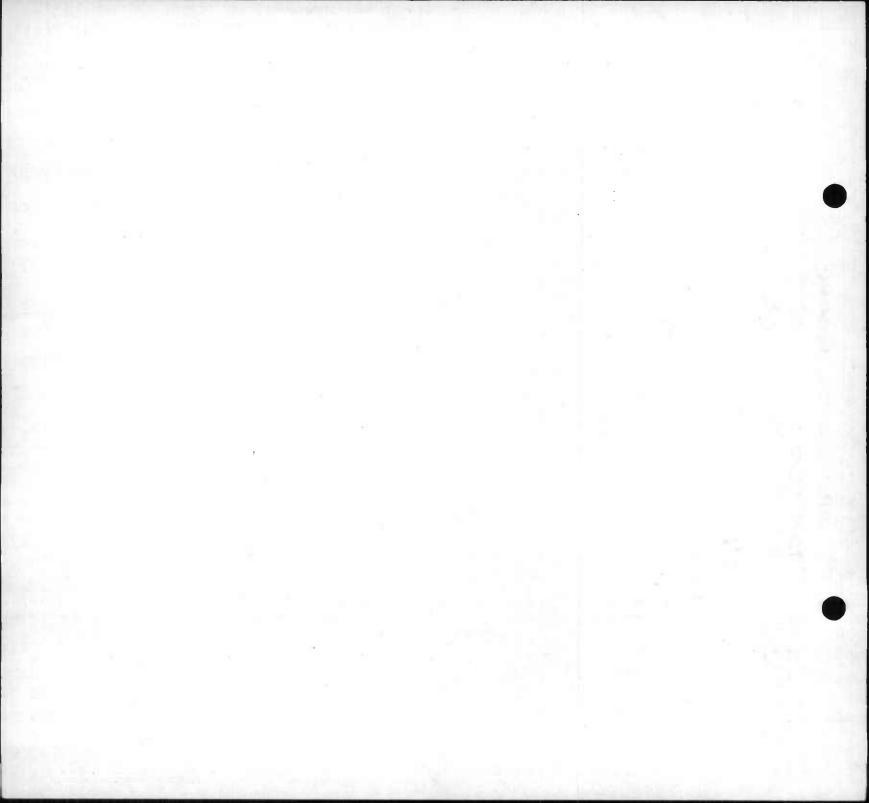
ADDRESS Ullrich Funeral Home 4210 Belair Road.

(City, town, or county)

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VS 150-REV_1/1/65

Burial



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BALTIM	ORE	CHY	HEALIF	DEPAR	MENT	
						D

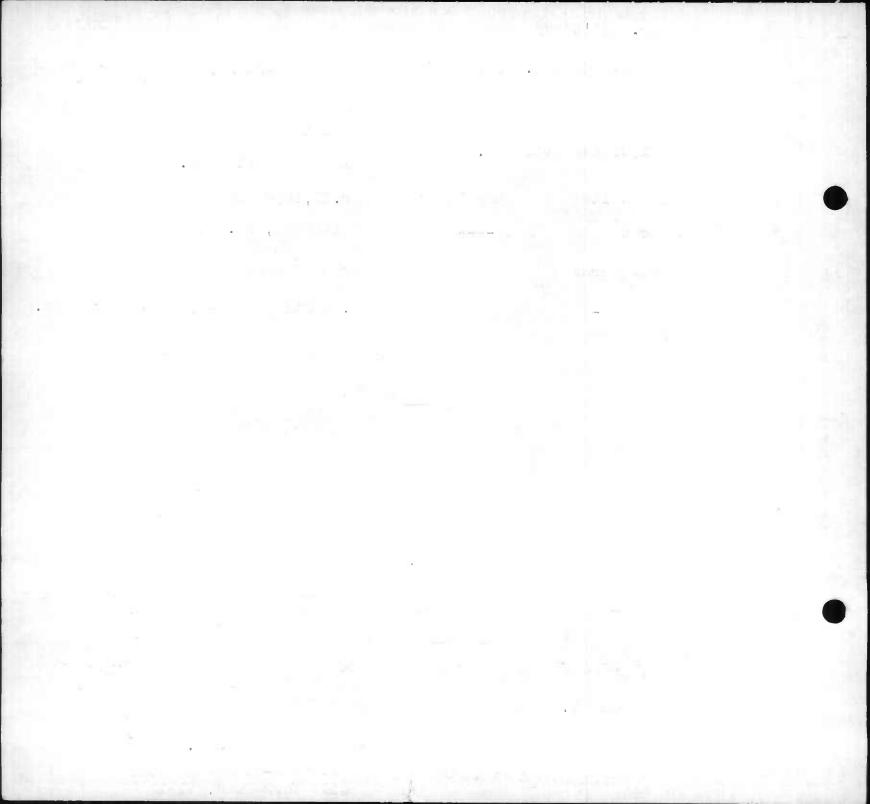
		6	5	1	1	8	0	1
4	No.	. ,	-	-	- Alle	-	-	-

BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	11-121 E/ 15	2. DATE AND I	HOUR OF DEATH.	- (1)
3. PLACE OF DEATH IN BALTIMORE MARYLANE	ary ELiza	We the MOV,	ecensed lived. If insti	tution: residence before admission)
Si Tada di Danii in Danii in da		Baltinin		6 137-18
FULL NAME OF (If not in hospital or instit	ution, give street			RAL ond give township)
VINSTITUTION (MION MEMONIC	at Mosping	Ba Frimore	mar	1. 1
Baltimore, Me	any Part 21218	3310 W. Gar	rison A	ve Caltimore Mo
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)		GE (In years birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 108, KI		11. BIRTHPLA GE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	/	Somerset	PA	U.S.A.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	1	
Robert Ashe		1 /illian	Jel	
15. Wor Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1-10-	ADDRESS
No.				
18. 153.9 I	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	1		7 6 6	
(This does not mean the made of dying,	e.g., (A) (A) DUE TO	ucinsme of metorsatit	FRIESO	46
heart failure, asthenia, etc. It means the di- injury or camplication which coused death.	sease,	metasta lit		
ANTECEDENT CAUSES		~ 4 ~ 000000 00 00 00 00 00 00 00 00 00 00		
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) stating UNDERLYING CONDITION last.	1he (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIL				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FIR	NDINGS CONSIDERED
Elle-4-65 WAS PERFORMED			N CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	n (or about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour	100	21F. HOW DID INJURY	OCCUP?	
OF INJURY (APPROX.)	White At Dol Whi	le 🗆	occok:	
	Work At Work	4 4	fr. N.	10/ 10 h
22. I certify that (this hospital) atter	nded the deceased from	19	10	V.K.,
that (1) (we) lost saw the deceased allv			n (my) (our) opini	on death occurred on the date
ond hour and from the causes stated about 23A. SIGNATURE	ove. (1) (We) (did) (did not)	view the body after death.	Te	23B. DATE SIGNED
1/	M.D. At	ending Med. Sto	ff (Var - 10
23C. PHYSICIAN'S	Phy	23D. ADDRESS	7	VU 15 61
NAME (TypKANG FAN	M.D.	China de de de	MEMADVI	myland
	24C. NAME of CEMETER OF C	EVARE DUARD TOS	ATIONE PERSON DE	or county) (State)
NUV 18 19	65 IOHN	S HODKING ME	DICAL SC	HOOL
	AME OF REGISTRAR	ALOD THE DIRECTOR	ODD III	ADDRESS
NOV 18 1965 Plet 8	Farleyma	MORTUARY	SERVICE	- BCHD

CE 4	4005 BALTI	MORE CITY HEALTH DEPAR	RTMENT	CE 4400F
BIRTH NO. Dr. Rob t	May CER	TIFICATE OF DE	ATH Registered No.	65 11805
1. NAME OF DECEASED			2. DATE AND HOUR OF DEAT	Н , , , ,
(Type or Print) GERTRUD	E I. EPPLE		11/16/65	6:30 Am.
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	4. USUAL RESID	B. CDUNTY	institution: residence before odmission)
FULL NAME DF (If not in hos HDSPITAL DR oddress or lo INSTITUTION	oitol or institution, give street cation)	Maryl c. city on for Balti	NN (If outside city limits, write	e RURAL and give township)
0 1500 Kenn	ewick Rd.	D. STREET ADD		
5. SEX 6. RACE Female White	7. MARRIED, NEVER MAI WIDOWED, DIVORCED Married	RRIED B. DATE OF BIRT	H 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of			(State or foreign country)	12. CITIZEN OF
done during most of working lite, even if reti			more, Md.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S N	AAIDEN NAME	
Frank Kerns		France	s Manley	
15. Was Deceased Ever in U. S. Armer (Yes, no or unknown) (If yes, give war or	Forces? 16. SOCIAL SECURIT	17. INFORMANT		ADDRESS
no -	JEGORII		tin Epple-150	O Kennewick Rd.
18. // 4.2 VI		CAUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY			ONSET AND DEATH
LEADING TO DEA	ATH.	A PULMONA	RY EDEM	A
(This does not meon the mode heart failure, asthenia, etc. 11 m		DUE TD	3 4 6 10 10 0 6 6 6 6 6 6 6 6 6 6 10 10 6 6 6 6 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7	
injury ar camplication which ca		IIVacare	10 10-	
ANTECEDENT CAL	JSES	(B) HYPERIE	CNSIVE	
DISEASES OR CONDITIONS,	if any, giving	HYPERTE CARDIOVA	SCULAR	
rise la lhe abave couse UNDERLYING CONDITION last	(A) staling the	(c) D1	SEASE	
11	•			
DTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE DR CONDITION CAUSI	RELATED TO THE			
19A. DATE OF OPERATION 198.	CONDITION FOR WHICH OPER PERFORMED	ATION 20A. AUTOPS	Y? (Yes or No) 208, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYII	NG 218 PLACE OF	NJURY (e.g., in or obout 21 C. W	HERE DID (If in Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foct	ory, street, office bldg., INJURY	OCCUR?	
21D. TIME (Month) (Doy) (Teor) (Hour) 21E INJURY OC	CURRED 21F. HC	OW DID INJURY OCCUR?	
(APPROX)	While At Work	Not While At Work		
22. 1 certify that (1) (this hos	pital) attended the decease	d from FEB	7 19 52 to /	VOV 16 1965,
that (I) (we) last saw the dec	eased alive an Siz	PT 21 19 63	and that in (my) (aur) a	pinian death accurred an the date
and have and from the causes	stated abave, (I) (We) (did	(did nat) view the bady a	fter death.	
23A. SIGNATURE	+ 5 h.		Ned. Stoff	18/18/65
23 C. PHYSICIAN'S	6 may	Phys. D	Aed. Stoff Phys.	18/10/00
NAME (Type)	Morr		ne Alameda	
Robert E. 24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)		ETERY OF CREMATORY		(City, town, or county) (State)
Burial 11/	19/65 Cathed	ral Cemetery	Balto.	
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRA	R 25C. FUNERA		ADDRESS
NOV 18 1965 R.O	et E. Farley MI	7 FOO	nell-Wiedefeld	nome

21212

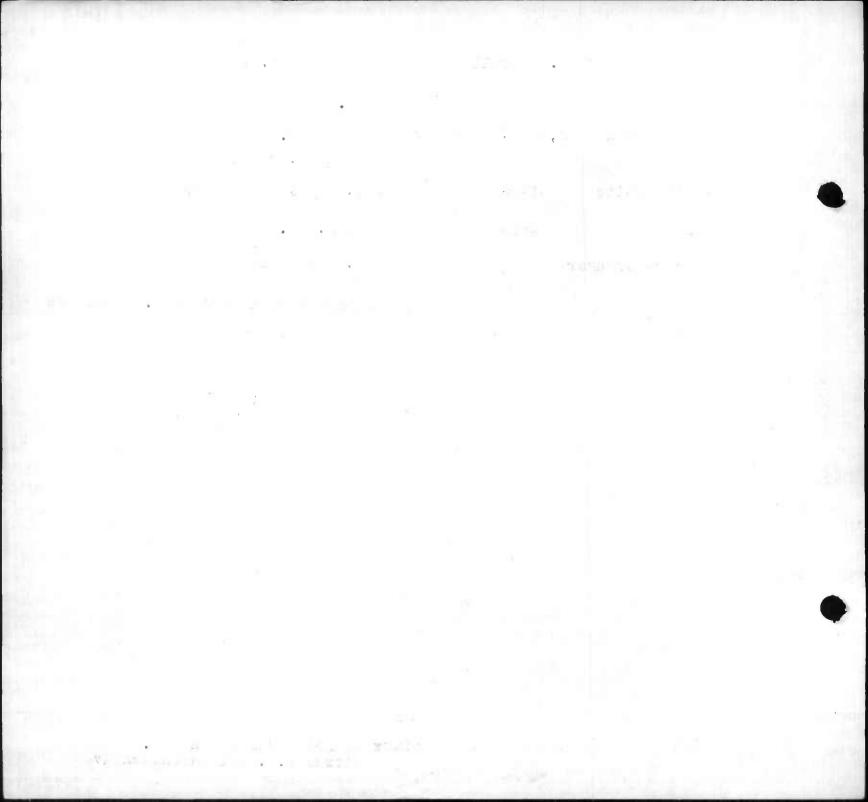
6500 York Road.



Witzke F.D. 4101 Edmondson Ave

be rated and all a P1.0118 JAMES MATTER STATE CONTROL OF THE CONTRO AN ON BEINGL TUSTOL ave restricted total and another are the art and the series

12 05 4400	The state of the s	Y HEALTH DEPARTMENT	65 11807
BIRTH NO. 2 65 1180 M.E. CASE NO.	CERTIFICA	ATE OF DEATH Registered N	ła
NAME OF DECEASED	Carroll	Nov. 16/65	TH
HOSPITAL OR oddross or location	or institution, give street	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY Md C. CITY OR TOWN (fl outside city fimits, we	If institution: residence before edmission
German Home,	22 S. thol Ave	D. STREET ADDRESS (If juick, give location)	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yi., If Undoi 24 H
Female White 10A. USUAL OCCUPATION (Give kind of wordene during most of working life, even if retired)		Oct. 12/76 9. AGE (in years lost birthdoy) 89 11. BIRTHPLACE (State or (orange country)	Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
none	None	Balto. Md.	USA
George Creager		E. Ida Appler	
15. Was Doceased Ever in U. S. Armed Fo (Yes, no ar unknown) (If yos, give war or dat	os of sorvico) 16. SOCIAL SECURITY NO.	17. INFORMANT Records German Home 2	2 S. Athol Ave
18. // > 0 / 1	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASES OR CONDITIONS, if rise fo the obove couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	CONTRIBUTING ATED TO THE	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING		NO.	more City, give exect lecetion)
OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	homo, form, loctory, stroot,	office bidg., INJURY OCCUR?	more only, give exact reconding
21D. TIME (Month) (Doy) (Year) (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not Wh Work At Work		
22. I certify that (I) (this hospital that (I) (we) last saw the deceas and haur ond fram the causes sto		June 19 62 ta	aplnion death accurred an the
23A. SIGNATURE		Med. Stoff Phys. 23D. ADDRESS	18 Nov 65
	(# 1	111700	
NAME (Type) (4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	DYSON M.D	PEMATORY 24D. LOCATION	(City, town, or county) 1State



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death Deceased

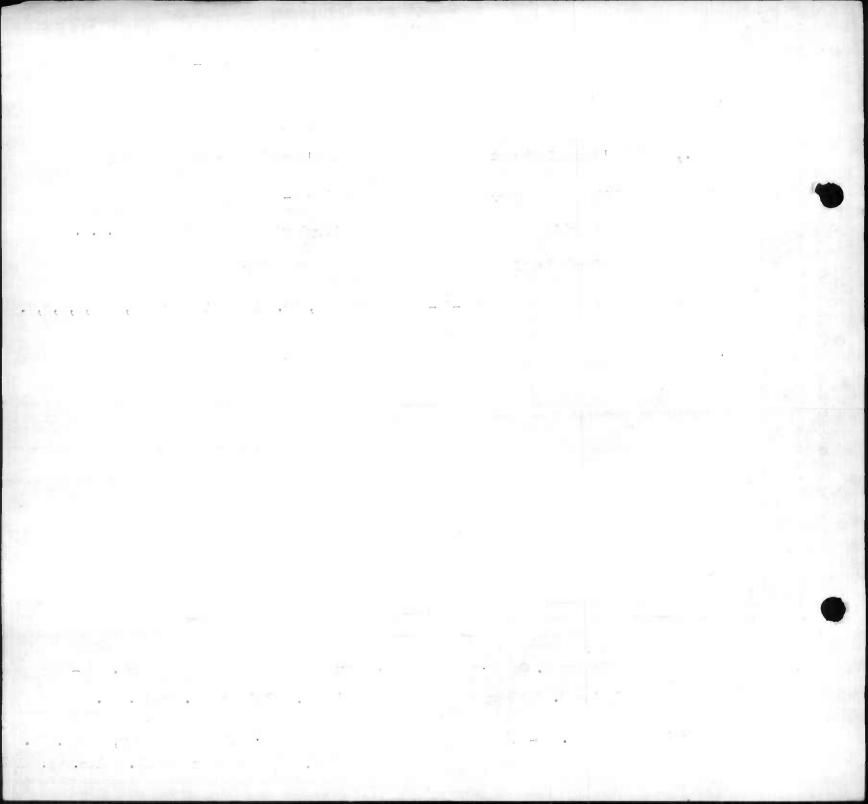
cause

cause; attend

BALTIMORE CITY HEALTH DEPARTMENT 11808 Registered No. BIRTH NO. M.E. CASE NO. NAME OF DECEASED Woj ciechowska 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) LTIMORE D. STREET ADDRESS CHANNIN made. 40 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 X1. WIDOWED, DIVORCED Ispecify Months Doys Hours lost birthday 5 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? Laulor TIMORE 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME GCOREE 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMAN ADDRESS final SECURITY NO. 0 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) Laus ANTECEDENT CAUSES DUE are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 2TC. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? DEATH (notify medical examined etc.) MEDI obtained 21 D. TIME (Month) (Day) (Year) [Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on and that in (my) (aur) apinian death accurred an the date and haur ond from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23 B. DATE SIGNED Attending Phys. Med. Director Staff Phys. M.D. approval 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Nov. 20 65 Holy Rosary Cemetery Balto.x22 25A. DATE REC'P 25C. FUNERAL DIRECTOR ADDRESS Witzke VS 150-REV. 1/1/65

Tele ronder of the Committee of the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A.E. CASE NO NAME OF I Type or Print)		RINE FU	RLONG	5 5 5		ber 15-19		6- A
. PLACE OF	DEATH IN BALTIMORE, A			A. STATE	ENCE Where	deceased lived, If		idence befare admission
FULL NAM HOSPITAL I	DR addiess ai loca	al ar institution, tion)	give street	C. CITY OR TOW	VN (If auts	ide city limits, writ	e RURAL and	give tawnship)
Res.,	2816 0 Donnel	l Street		D. STREET ADDITED 2816 01	RESS (If re	street	2122	24
. SEX	6. RACE	WIDOWE	D, DIVORCED (specify)	B. DATE OF BIRT	1	AGE (In years	If Under Manths D	Yr. If Under 24 Hi Poys Haus Min.
	White CCUPATION (Give kind of wast of working life, even if retire Housewif	4)	ied. F BUSINESS OR INDUSTRY	December 11. BIRTHPLACE Mary	State or fareig			N OF COUNTRY?
3. FATHER'S				14. MOTHER'S M				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5. Was Decee Yes, na ar unkn	used Ever in U. S. Armed town) (If yes, give war ar d	Forces? ates of service)	16. SOCIAL SECURITY NO. 218-05-9168	17. INFORMANT	No. TIT	7		# 4,a,b,c,d
injury ar	uie, asthenia, etc. It med camplication which caus ANTECEDENT CAUS	ed death,)	(B)	Some	Desgel	neterter	20	
DISEASE:	ANTECEDENT CAUS S OR CONDITIONS, in the above cause (vine) (Vine	ed death.) ES f any. giving A) stating the	IB) DUE TO I I IC)	Some	Duzel	neterter	10	
DISEASE:	ANTECEDENT CAUS ANTECEDENT CAUS S OR CONDITIONS, in the abave cause (// YING CONDITION last. I CONDITION LAST. IGNIFICANT CONDITIONS E DEATH BUT NOT R OR CONDITION [198. C.	ed death.) ES f any. giving A) stating the CONTRIBUTING ELATED TO TI G IT.	IB) DUE TO I I IC)	20A. AUTOPSY NO			RE FINDINGS (CONSIDERED EATH?
DISEASE: irise la UNDERL' OTHER S TO THE DISEASE 19A. DATE 21A. ACC OR CONT DEATH In	ANTECEDENT CAUS ANTECEDENT CAUS S OR CONDITIONS, in the abave cause (// YING CONDITION last. I CONDITION LAST. IGNIFICANT CONDITIONS E DEATH BUT NOT R OR CONDITION [198. C.	ed death.) ES f any. giving A) stating the CONTRIBUTIN ELATED TO TI G IT. DONDITION FOR ERFORMED	IB) DUE TO IC) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., in me, farm, factory, street, of	20 A. AUTOPS\ NO	(? Yes or No)	20B. IF YES, WEF	RE FINDINGS (EATH?
OTHER STORY TO THE DISEASE PROPERTY OF THE DISEASE PRO	ANTECEDENT CAUS ANTECEDENT CAUS S OR CONDITIONS, the abave cause (and the cause cause) ING CONDITION last. ING CONDITION CAUSE DEATH BUT NOT ROR CONDITION CAUSIN OR CONDITION CAUSIN OF OPERATION 198. COMMAS & CONDITION CAUSIN INDENT WAS UNDERLYING CAUSE OF CRIBUTING CAUSE OF	CONTRIBUTING CONTR	IB) DUE TO IC) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., in me, farm, factory, street, of	20 A. AUTOPS\ NO ar about 21 C. Whice bldg., NJURY	(? Yes or No)	20B. IF YES, WER IN CERTIFYING (RE FINDINGS (CAUSES OF DI	EATH?
NOTHER S TO THE DISEASE TO THE DISEA	ANTECEDENT CAUS ANTECEDENT CAUS S OR CONDITIONS, in the abave cause (and in the abave cause of an in the abave cause of an in the analysis (and in the abave cause of an intervention of an inter	ed death.) ES f any. giving A) staling the CONTRIBUTIN ELATED TO TI G IT. CONDITION FOR ERFORMED 211 have etc. an) [Haur) 211 W W. tal) attended eseed olive on	B) DUE TO IC) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., in me, farm, factory, street, off injury) E. INJURY OCCURRED hile AI	20 A. AUTOPSI NO ar about 21 C. White bldg., INJURY	1? Yes or No) HERE DID OCCUR?	20B. IF YES, WER IN CERTIFYING ((If in Baltim	RE FINDINGS C CAUSES OF DI Note City, give	exact lacohan)
NOTHER S TO THE DISEASE TO THE DISEA	ANTECEDENT CAUS ANTECEDENT CAUS S OR CONDITIONS, The abave cause (ANTECEDENT CAUSE) ING CONDITION last. ING CONDITION Last. ING CONDITION LAST. ING CONDITION CAUSE FOR CONDITION CAUSE OF OPERATION 198. CO WAS 8 INDENT WAS UNDERLYING RIBUTING CAUSE OF Last (Anteceded Conditions) Indent (I) (this hosping) The course of the cour	ed death.) ES f any. giving A) staling the CONTRIBUTIN ELATED TO TI G IT. CONDITION FOR ERFORMED 211 have etc. an) [Haur) 211 W W. tal) attended eseed olive on	BPLACE OF INJURY (e.g., in me, faim, factory, street, off in) E INJURY OCCURRED hile A1 A1 Wark the deceosed from (1) (We) (did) (did not) v	20 A. AUTOPS\ NO ar about 21 C. Whice bldg., INJURY 21 F. HO 21 F. HO iew the body at	/? Yes or No) HERE DID OCCUR? W DID INJU and that fter death.	20B. IF YES, WER IN CERTIFYING ((If in Baltim	RE FINDINGS C CAUSES OF DI Note City, give	exact lacotion) 19 1 occurred on the do
OTHER S TO THE DISEASE TO THE DISEAS	ANTECEDENT CAUS ANTECEDENT CAUS S OR CONDITIONS, The abave cause (I) ING CONDITION last. ING CONDITION last. ING CONDITION CAUSING FOR CONDITION CAUSING F	ed death.) ES f any, giving A) stating the CONTRIBUTIN ELATED TO TI G IT. DINDITION FOR ERFORMED 211 hat elc an) IHaun) 211 W W. tall) attended esed olive on toted obove.	B) DUE TO IC) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., in me, farm, factory, street, of in me, farm, fa	20A. AUTOPSI NO lar about 21C. Whice bidg., INJURY 21F. HO 21F. HO iew the body at	/? Yes or No) HERE DID OCCUR? W DID INJU and tha fter death.	20B. IF YES, WER IN CERTIFYING ((If in Baltim IRY OCCUR? t In (my) (ous) o	RE FINDINGS CAUSES OF DI Note City, give	exact lacohan) 19 10 occurred on the do SIGNED 15-1965



BIRT	n No.35	LISTUMED	BALTIMORE CITY HEA		DEATH Registe	65 11810
M.1	E CASE NO.	00 0 000				
1. 1	NAME OF DE	CEASED		2. DATE A	ND HOUR PRONOUNC	ED DEAD
,	pe or Think	DO	NALD W FRANKS		11/15/6	65 15:45 p. M.
3. F	LACE IN BAL		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before odmission)
HO	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	c. city or town (If out	sey Uside corporate limits, write	nion e RURAL ond give township)
1				D. STREET ADDRESS WIND		
/	16.	*************				
5. 5	EX ME	ercy Hospital	7. MARRIED, NEVER MARRIED	18. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
	male	white	WIDOWED, DIVORCED (specify) Married	July 2- 1922	last birthdoy)	Months Doys Hours Min.
		working life, even if retired)	New-Car Carrier Inc			12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM			14. MOTHER'S MAIDEN NA	ME	
		William F	ranks	Edith 1	Dixon Franks	
		D EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
(Te:	Yes.	Army WWT	n han an warmed	Wife. Mrs. Mar	tha Pruitt Fr	ranks, # 4,a,b,c,d
ERTIFICATION	(This does heart foilure injury or co	SE OR CONDITION DI LEADING TO DEATH not meon the mode of, nosthenio, etc. It meon, mplicotion which coused ANTECENDENT CAUS OR CONDITIONS, IF / IE ABOVE CAUSE (A) S NG CONDITION LAST. III ENIFICANT CONDITIONS DEATH BUT NOT RE	dying e.g., be the disease, deoth.) ES ANY, GIVING TATING THE CONTRIBUTING	osclerotic cardi	ovascular di	Sease ONSET AND DEATH
THE	DISEASE C	R CONDITION CAUSING	G IT	***************************************		***************************************
CER	19A. DATE O	WAS PER	NOTION FOR WHICH OPERATION REPORMED	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	INDINGS CONSIDERED
MEDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- USE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, g	ive exact location)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yea		21F. HOW DID IN	IJURY OCCUR?	
	22. 1 cer	tify that I held on	Inquiry Inspection A	utapsy and that an	this basis, death in	my apinian
		Ited from: Notural co		de Homicide CHIEF MEDICAL		DATE SIGNED
	SIGNAT EXAMII NAME (VER'S Werner U		D. ASSISTANT MEDICAL ASSOCIATE MEDICAL		11/16/65

23A. BURIAL CREMATION, 23B. DATE

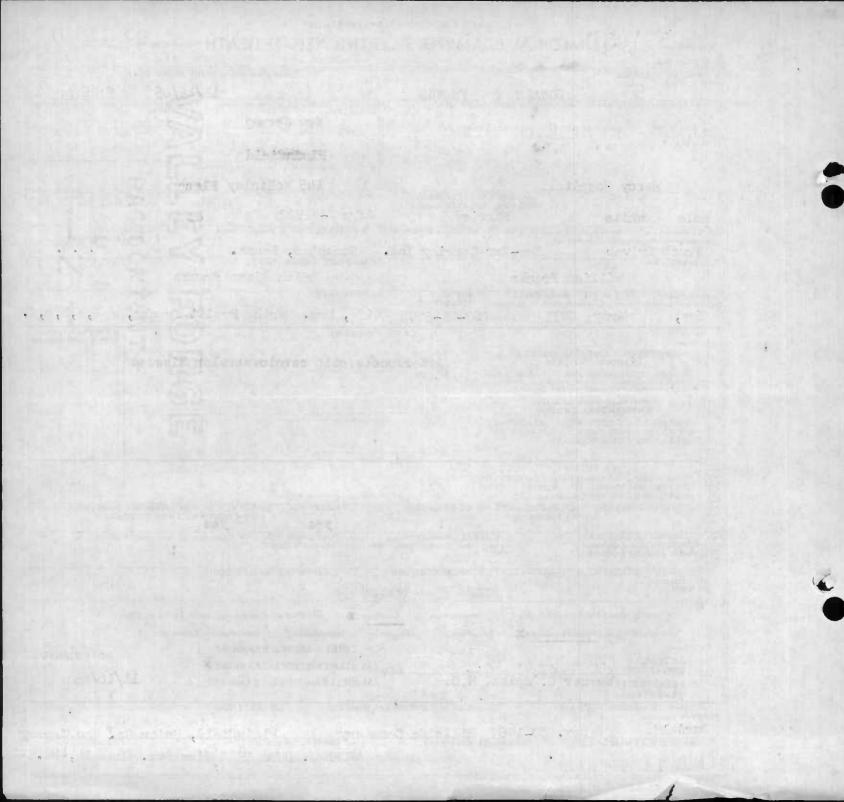
23C. NAME of CEMETERY or CREMATORY

23D. LOCATION

(City, town, or county)

REMOVAL (Specify) Burial Burial Nov. 20-1965 Hillside Cemetery Plainfield, Union Co. New Jersey
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

JOHN J. DUDA 7922 Wise Ave. Dundalk, Md. 22



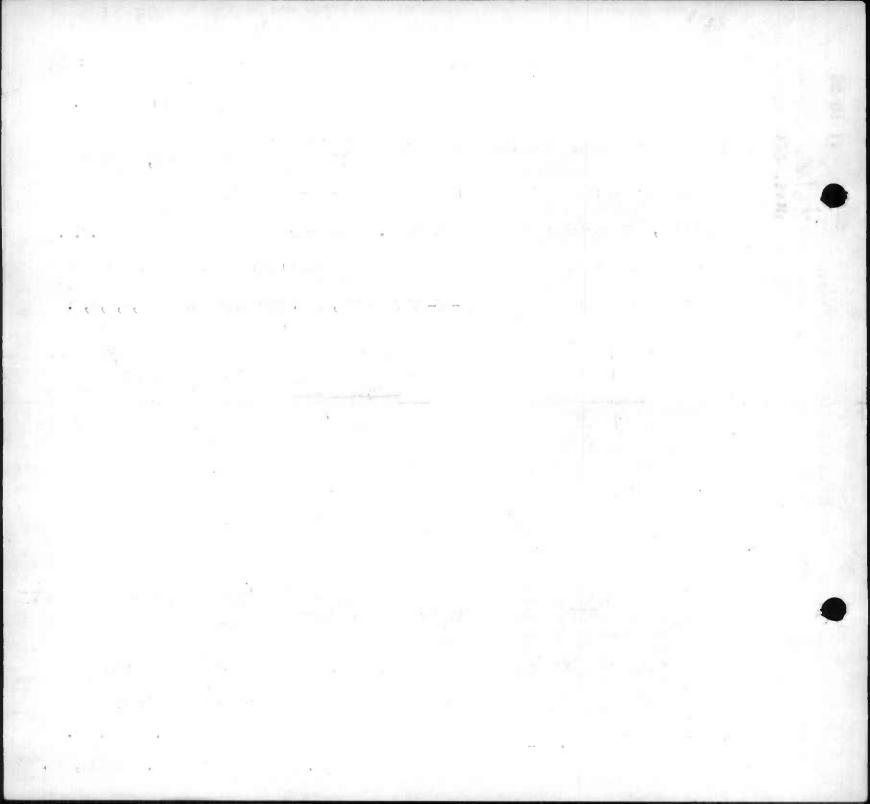
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describeral land

26470

		0.1/3	BALTIMORE CITT	HEALTH DEPARTMENT	1	65 44000
	н но. 65 11	812	CERTIFICA	TE OF DEATH	Registered No	00 11815
	AME OF DECEASED			2. DATE	AND HOUR OF DEATH	
(Typ	De or Print) CRAW	FORD	LANE		11-16-65	8:35P
3. 1	PLACE OF DEATH IN BALTIMORE, MAR			4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If ins	titution: residence before odmission)
1	FULL NAME OF (If not in hospital of oddress or location)		give street	MARYLAND C. CITY OR TOWN (IF		IMORE CO.
	NSTITUTION			_	DUNDALK	- 11)
, -	THE JOHNS HO	PKINS	HOSPITAL	D. STREET ADDRESS	(If rural, give location)	
1	J 1112 0011110			+	tle Grove Roa	
5. 5	ALE WHITE	WIDOWEL	NEVER MARRIED D, DIVORCED (specify) RRIED	6-23-00	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	etired, Electrician	Bethle	ehem Steel Co.	Delaware		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	JAMES CRAWFORD			HENRIE	TTA LANE	??
15.	Was Deceosed Ever in U. S. Armed Forces, no or unknown) (II yes, give wor or dates	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No No		113-05-5737	Wife, Mrs. Vi	vaette Lane	# 4,a,b,c,d.
	18.420.11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	ECTLY	0.	0	0	Seconds
	(This does not mean the mode of	dying, e.g.,	DUE TO	udiac em	24	See on & s
	heoil foilure, osthenio, etc. Il meons injuly of complication which coused	the diseose,	? W.	cardial	infanction) ? Pol	hallet
	ANTECEDENT CAUSES	devin./	(B) Sec	The Core	wetaker) ; Fil	secondo
			DUE TO			
	DISEASES OR CONDITIONS, if on the course (A) UNDERLYING CONDITION lost.		(c) Sex	iero coronau	anteny dues	as Syears
	II.					
ATION	OTHER SIGNIFICANT CONDITIONS CO	TED TO TH				
ERTIFICA	WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
ERT	A A COURTNE WAS UNDERLYING	1210	PLACE OF MILLIPY	Jes Divisor Dia	No (II is helicon	City sing quart learning)
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	hon etc.	ne, form, foctory, street, o	n or obout 21 O WHERE DID	(II in Boltimore	City, give exoct locotion)
EDIC	21 D. TIME (Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
ME	OF INJURY (APPROX.)		ile At Not Whil			
		Wo				
	22. I certify that (1) (this hospite)			10 31	19 6.5 to 11	1965
	that(I) we) lost sow the decease	d olive on	11/16	19 6.5 ond	that in my (our) opin	nion death occurred on the date
	and hour and from the causes state	ed above	(We) (did) (did not)	view the body ofter deot	h.	
	23A. SIGNASURE	1 -	0			23B. DATE SIGNED
	Kebart &	15	M.D. Att.	ending Med. Director	Stafl Phys.	11116/60
	23C. PHYSICIAN'S		V	23D. ADDRESS		
	NAME (Type)	Va:	M.D.	Toline	Hos king	Hosp
244	A. BURIAL CREMATION, 24B. DATE	24C. N	AME of CEMETERY OF CR		LOCATION (CIN	y, town, or county) (Stote)
	REMOVAL (Specify)	2.30,11	OAK LAWN		25 Eastern Ave	
	Burial Nov. 1	9-1965				
25/	A. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	JOHN T. DITT		re. Dundalk, Md. 22
	NOV 18 1965 10 0	20 I	00 40	OOTH OF DODE	1 1766 WISE AV	C. Duridath, Fine 22
110	MO BEN MAKE	A COLAG	AND STEAM I WILL	1		



Such

	BALTIMORE CITY	HEALTH DEPARTMENT		1.1010
BIRTH NO. 65 118	313 CERTIFICA	TE OF DEATH	Registered No.	11813
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Q M O 11 /	THOMAS		NO HOUR OF DEATH	965 1055 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	EUBER 171 re deceosed lived. Vins	11/05 10 - PM
FULL NAME OF (If not in hospital or instit	MENDED or on, give sire 11-29-65	MARYLAN	D	7-13
INSTITUTION	11-29-09	BALTIM	ORE rurol, give location)	URAL and give township)
UNION MEMORIAL	HOSPITAL	803 ST	GEOR GE	S RD.
5. SEX 6. RACE 7, MA	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	5/2/87	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
RET EXECUTIVE Pue	11	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
S-PATHER'S NAME	مر د د الدارد	14. MOTHER'S MAIDEN NA	ME	0-77
THOMAS, WELLI	NG	EMMA N	1 ATTOO	
5. Was Deceased Ever it U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of se	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	· 0 - Tu	ADDRESS
KES W.W.I	2-16-46-391	4 CHARI	G.O. THO	
DISEASE OR CONDITION DIRECTLY	7-2054 CAUSE O			ONSET AND DEATH
LEADING TO DEATH	(A)	X Cute ca	rdiac	
(This does not meen the mode of dying, heart failure, asthema, etc. It means the dis	e.g., DUE TO	infarcti bilir	ion and	1
injury or complication which coused death.) ANTECEDENT CAUSES	(B)	1:0.	1	
DISEASES OR CONDITIONS, if ony,	DUE TO	or cere	ses:	
rise to the obove couse (A) stoling	-		AV	
II .				
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	O THE			4320
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	208. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, larm, factory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Baltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour		21F. HOW DID IN.	URY OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (1) (this haspital) atten	2 Aug A . (100 "	VOV. 17		100 17 1965
that (1) (we) last saw the deceased alive	an NOV //	19. 65 and th	nat In(my) (aur) apin	ian death accurred an the dat
and haur and fram the causes stated abo	ve. (I) (We) (did) (did not)	riew the bady after death.		
Charles E. Bori	ug). Phy		Stoff Phys.	NOV 17, 1965
23C. PHYSICIAM'S NAME (Type) CHARLES E. BORIN		UNION MEN	MORIAL HOSE	PITAL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D, 1	OCATION (City	y, town, or county) (State)

VS 150-REV. 1/1/65

Burial NOV 18

11-18-65 Druid Ridge

Md

Pikesville
FUNERAL DIRECTOR
W.Jenkins & Sons

Sons Co.4905 York Rd.
Balto.12, Md.

M.H.



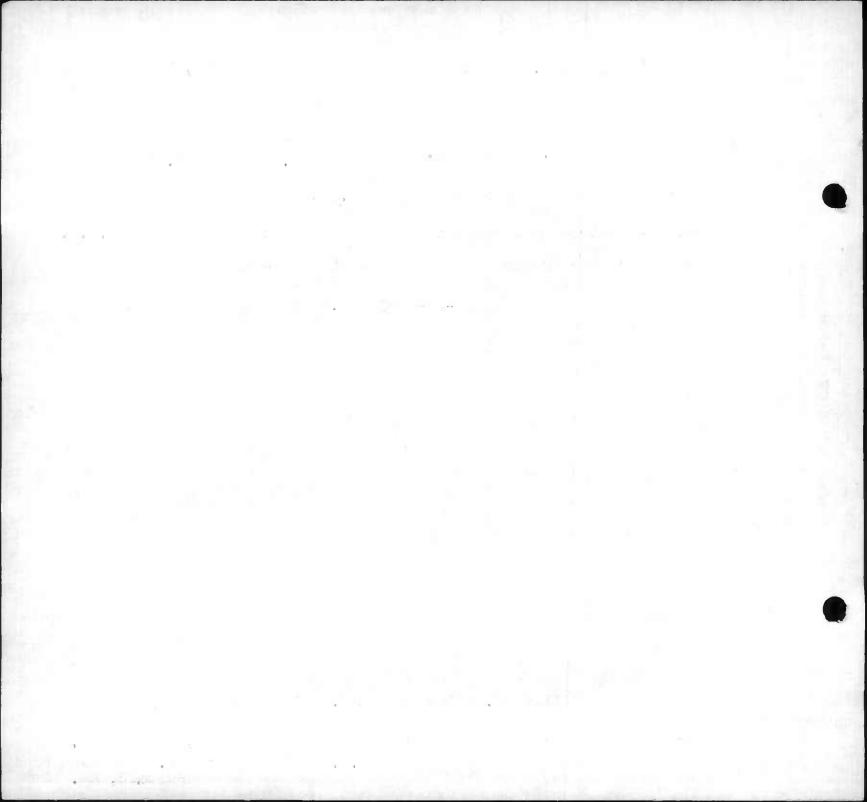
MENOR NA MO2411791 CHEST 0885867 94

115 97.

BALTIMORE	CITY	HEALTH	DEPARTMENT

65

BIRTH NO.	65 1	1814	CERTIFICA	TE OF DEA	TH Registered No.	
M.E. CASE NO.	EASED			2. 0	DATE AND HOUR OF DEATH	
(Type or Print)	Gilbert J	. Mor	gan	N	November 16, 3	1965 17:15 P.M
3. PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		A. STATE	CE (Where deceased lived, If i B, COUNTY	institution: residence before admission)
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location		give street	Maryla	und (If outside city limits, write	RURAL ond give township)
				Baltim	ore	
	3908 N.	Charl	Les St.	D. STREET ADDRESS	t. Charles St.	
5. SEX	6. RACE	WIDOWE	NEVER MARRIED D. DIVORCED (specify) Pied	Feb.17,18	9. AGE (In years lost birthdoy)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	- Retired	Inst	irance	Mary	rland	U.S.A.
3. FATHER'S NAM	ME			14. MOTHER'S MAIL		
Franci	s Barton Mo	rgan		Julia An	in Jump	
Yes, no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			220-30-0563		Baker Morgan	
18. 4/5	0.01		CAUSE	F DEATH		ONSET AND DEATH
DISEAS	SE OR CONDITION DIR LEADING TO DEATH	ECTLY	(*)	i bleed	lug	24 610
	nat mean the mode of					
	asthenia, etc. It means aplication which caused		No	100000	6000	8 420
	ANTECEDENT CAUSES		(B) UE TO	ig acutai	acce	
rise to the	OR CONDITIONS, if a bave cause (A) G CONDITION last.		(C) Llu	ere arken	orderores	10 grs.
E TO THE D	IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	G IE			
19A. DATE OF		DITION FOR	WHICH OPERATION	20A- AUTOPSY? (Y	Tes or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF	21 E hon etc.	PLACE OF INJURY (e.g., ine, lorm, foctory, street, o	n or obout 21C. WHER	E DID (If in Boltimo	ne City, give exoct locotion)
D 21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
(APPROX.)		WH	ile At Whi			
22. Leastify	that (1) (this hospital				1955 10	11/16 10 61
	lost sow the deceose		11/16	1961	and that in (my) (man) and	inion deoth occurred on the dote
			l) (did) (did m)			minor decir occurred on the dore
23A, SIGNATU		ed obove. (i) Residual (designi)	view the body offer	deoin.	23B, DATE SIGNED /
Will	læly 7.	Au	M.D. Att		Stoff Phys.	11/17/65
23C. PHYSICIA NAME (T	ype)	iam F	Fritz M.D.	2 W. Uni	versity Park	vay
24A. BURIAL CRE	MATION, 248. DATE Specify)	24C. N	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	City, town, or county) (State)
Burial	11/18/	1965	Loudon Parl	ζ.	Baltimore,	Md.
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	H.W. Jenk	CINS & Sons Co	ADDRESS
NOV 1	8 1965 P.O.	P. 3-8	Index M.A	H.W.OGIIK		altol2. Md.
VS 150-REV. 1/1/	65			19 14		



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	65 11815 BALTIMORE CIT	Y HEALTH DEPARTMENT 65	11815
	TH NO. CERTIFICA	ATE OF DEATH Registered No.	
1.1	E CASE NO. IAME OF DECEASED HELEN ROSA BELL BELL OF OF PRINT!	2. DATE AND HOUR OF DEATH	1/11/15
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institu	ution: residence before admission)
	FULL NAME OF (I) Ingt in hospital or insylvantive street a	A. STATE B. COUNTY Many Cand C. CITY OR TOWN (If outside city limits, write RUR	AL ond give township)
14	11	D. STREET ADDRESS (If rurol, give location)	
	Hospital	6605 Ready AVE	
S.	temale white Married (specify)	8. DATE OF BIRTH 5/13/78 9. AGE (In years In Management of the second	f Under 1 Yr. If Under 24 Hrs. Conths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRES of working life, even if retired)		2. CITIZEN OF WHAT COUNTRY?
	FATHERS NAME	CONNECTICUT	USA
	HENRY F. SCHROEDER	MARY HAWKINS	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No	CHARLES P. BEERS	HBOVE
	70011	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	teriosclenosis, Myocarial I	1.4.4
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	160(086660815) 1 40668 1044	
	ANTECEDENT CAUSES (B) DUE TO		
	DISEASES OR CONDITIONS, if ony, giving		
	rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION tost.	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
CAT	DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FIN	DINGS CONSIDERED
ERTIFIC	NONE WAS PERFORMED NONE	NO IN CERTIFYING CAUSE	S OF DEATH?
G		in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	ity, give exact location)
SAL S	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) home, form, foctory, freet, etc.)	MA	
I G	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
1	(APPROX.) While A1 Work Work		
	22. I certify that (I) (this haspital) attended the deceased from	NP1/15 19,65 to No	V. 16 19 65.
	tham(t) (we) last sow the deceased alive an // 35 AM	11/19/65 and that 10(my) (our) apinia	n death accurred an the date
	and haur and fram the causes stated abave. (We) (did) (did)	view the bady after death.	
	23A. SIGNATURE		B. DATE MIGNED
	Phom Ph	Med. Stoff Phys.	11/16/65
	23C. PHYSICHAM'S V NAME (Type)	23D. ADDRESS	
	DR. HARRY BROWN M.D	ONON TENDETHE	SPT.
24	A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or & Burial 11-19-65 Moreland Memo	REMATORY Baltimore Co.	town, or county) (State) Md
25,	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Thenry W. Tenking & So	ns Coad Balto .Md.
AS S	10V 18 1965 Reb & Farber M.	4905 York R	oad balto.Md.

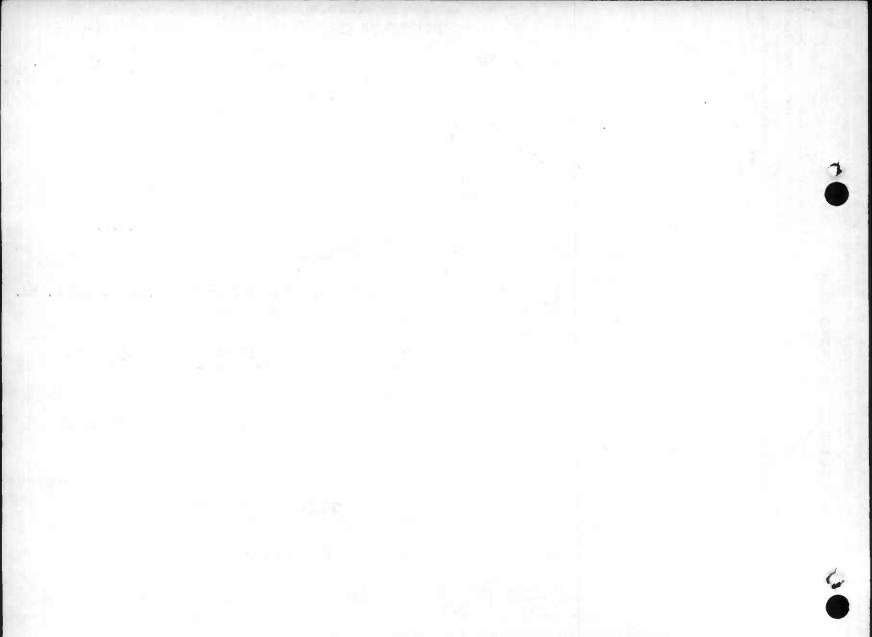
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the body was deceased was D.O.

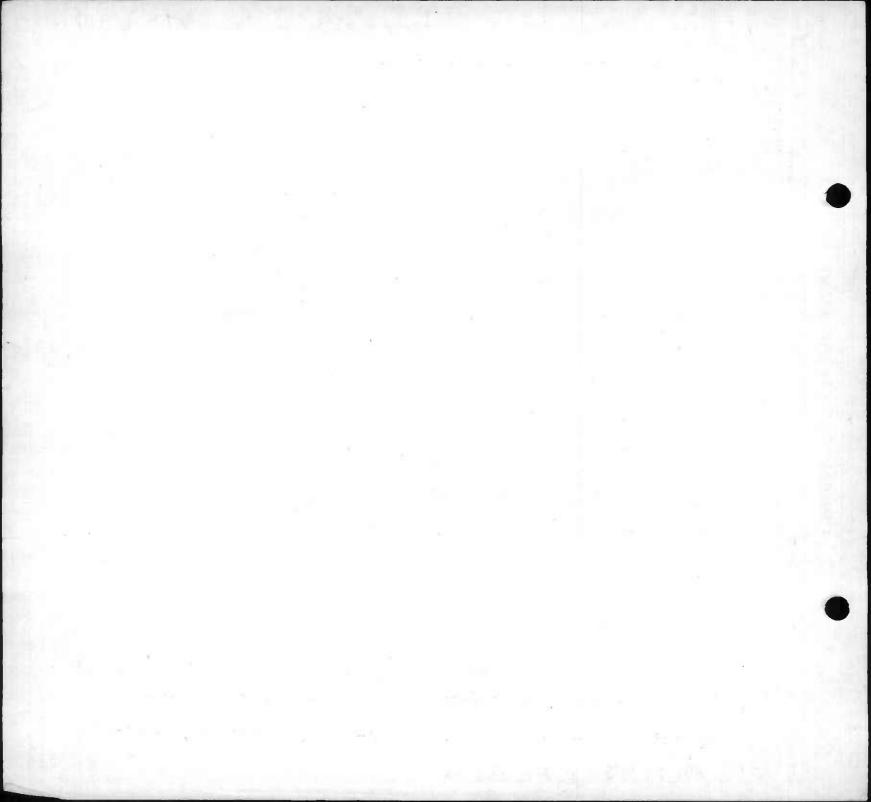
VS 150-,REV. 1/1/65

1965



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disnocition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

т				EALTH DEPARTMEN		F 4.10.410.
BIR	TH NO. 65-32551 E. CASE NO.	65 1181	7 CERTIFICAT	E OF DEAT	H Registered No. 6	5 11817
1. N	AME OF DECEASED				E AND HOUR OF DEATH	
(Ту	Baby Gir	1 of Ine	z Vanlandinghar	n /	1-16-65	1 2 30/p M
3.	PLACE OF DEATH IN BALTIA		14	LUSUAL RESIDENCE	Where deceased lived. If inst	titution: residence before odmissian)
	FULL NAME OF (If not i	n hospitol or instituti		Yn.		72-30
	HOSPITAL OR oddress	or location)		CITY OR TOWN	If outside city limits, write RL	JRAL and give township)
-			100	251	Thomas)	25-
-	20 11	al 1	- 1	STREET ADDRESS	(If rurol, give location)	1
1	Ke John.	Hapken	, Haspital	2909	Merch	/unang
5. 5	EX 6. RACE		WED, DIVORCED (specify)	DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
5	Emalo Nea	vo //	meen	11-16-65	_ lost similary.	2 23
			OF BUSINESS OR INDUSTRY	. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of working life, ever	1 if retired)		maria		WINAT COUNTRY.
13.	FATHER'S NAME		14	MOTHER'S MAIDEN	NAME	
	25	, 4/	1 1 '1)	M.)
15	Was Deceased Ever in U. S.	Amed Forces	16. SOCIAL 17	· INFORMANT	Blance	ADDRESS
	s, no or unknown) (If yes, give		ce) SECURITY NO.	· INTOKNIANT		A D A C C C C C C C C C C C C C C C C C
	1B. 776 X I		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR COND		T ₁			7 11 27 11
H	LEADING TO		e.g., DUE TO	matury	<u>ty</u>	2 House 43
	heart failure, asthenia, etc.	II means the dise				
	injury ar camplication which		400			
	ANTECEDENT	CAUSES	(B)			
	DISEASES OR CONDITION					
	UNDERLYING CONDITION		(6)	00-00-00-00-00-00-00-00-00-00-00-00-00-	000000 0 D0 00 000 0 00 00000 VYV 0 00 0 00	
	11					
ATION	OTHER SIGNIFICANT CONT					
AT	DISEASE OR CONDITION C	CAUSING IT.				
CERTIFIC	19A-DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	YES	or No. 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
ERT	2) A ACCIDENT WAS UND	ENLYING TO	220 81 4 65 05 15111187/		15 /// in P-16	City of a second description
AL C	OR CONTRIBUTING CAU	SE OF	21B. PLACE OF INJURY (e.g., in chame, form, foctory, street, office	e bldg., INJURY OCCU	R?	City, give exoct locotion)
CA	DEATH (notify medical exam	iner)	etc.)			1-110
MEDIC	21 D. TIME (Month) (Do	y) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DIE	INJURY OCCUR?	
2	(APPROX)		While At Not While At Work		,	
	22. I certify that (I) (this	hospital) attend		116/65	19 65 to 11/1	16/65- 19
	that (I) (we) lost saw the		. 1	106		ian death occurred on the date
	and the second of the second of the					ian death occurred on the date
		uses stated abov	(1) We (did) (did not) vie	w the body ofter de		OOD DATE CICALED
	23A. SIGNATURE	0 1	Al TANA. Attend	ling Med.	Stoff	23B. DATE SIGNED
	you m	rigidha	Phys.	Director L	Phys.	11/16/65
	230 PHYSICIAN'S NAME (Type)	0		D. ADDRESS		
		el M. Eng	elhardt M.D. T	He Johns H	Hopkins Hospi	tal
24	A. BURIAL CREMATION, 24B.		C. NAME of CEMETERY OF CREM			, town, or county) (Stote)
			he Johns Hopk	ins HOs	Baltimore, M	aryland
	A. DATE REC'D BY HEALTH I		ME OF REGISTRAR	TOSS FILMER AL SIZE		222899
1	****		Fa. Quint	HUG	SPITAL DISPO	SAL
	NOV 1 8 1965 (IC II Pr	TALLONALD	LLUL	THE LABOR OF THE PARTY OF THE P	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

ype or Print)	()() 3.	1818 CERTIFICA	TE OF DEATH	D HOUR OF DEATH	23 11818
T. T	William E.	Perkins	Novemb	ner 16 1965	70.00
PLACE OF DEATH IN	BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (When	e deceased lived. If in	10:00
FULL NAME OF HOSPITAL OR INSTITUTION	(li not in hospital or i address or location)	nstitution, give steet	Maryland	side city limits, write	RURAL ond give township)
S			Baltimore		
South Baltime	ore General	Hoenital		urol, give location)	
213 Light S	treet Ralt	o., Md. 21230	116 Warren Ave	enue Balto	Md. 21230
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	CONDITION DIREC	TLY		1 1 2 2	ONSET AND DEATH
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	ATION 198. CONDIT	TON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED
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21 A. ACCIDENT WA		218, PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(II in Boltimore	e City, give exact location)
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ME CASE NO. 1. NAME OF DECASED (Type or Print) Bertha V. Wilgis 3. PLACE OF DEATH IN BALTMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital 5. SEX Female White 7. MARRIED, NEVER MARRIED Wildowed 10. USUAL Occupation (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY) Housewife Westly Openshaw 15. Wos Decassed Ever in U. S. Armed Forces? 16. SOCIAL Westly Openshaw 15. Wos Decassed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. CAUSE OF DEATH November 15, 1965 11. 03 4. USUAL RESIDENCE (Where decessed lived. If institution: residence before odmis B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give locotion) 509 W. 28th Street 5. DATE OF BIRTH 9. AGE (in yeors lift Under 1 Yr. If Under 24 Months) Months; Doys Hours Months		CITY HEALTH DEPARTMENT	65 11819
Type or Pand Bertha V. Wilgis J. PLACE OF DEATH IN ANTINORE, MARILAND A. USUAL REDIENCE (Where decessed lived. II institution: esidence below coder: A. SART BULL NAME OF (If not in hospited or institution, give sheet oddered of the county) Notitution A. SART Maryland C. GIT OF TOWN (II outside city limits, white RURAL and give lownship) Baltimore D. STEER ADDRESS S. SER B. BACE White	CERTIFIC	CATE OF DEATH Registered No.	00 11019
Bertha V. Wilgis November 15, 1065 11:03	AME OF DECEASED	2. DATE AND HOUR OF DEATH	
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HOSPITALOR		4. USUAL RESIDENCE (Where deceased lived. If in	stitution: residence before odmission
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	3A. SIGNATURE		23 B. DATE SIGNED
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23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	JOINTIAN S	23D. ADDRESS	
Dr. E. Ellsworth Cook M.D. 2431 Maryland Avenue	NAME (Type)	M.D. 2431 Maryland Avenue	
	Dr. E. Ellsworth Cook	The second second	
REMOVAL (Specify)	Dr. E. Ellsworth Cook	CREMATORY 24D LOCATION (C	ity town or country (Cara-)
Burial 19 Nov 65 West Liberty Cemetery / Baltimore, County Maryland	Dr. E. Ellsworth Cook BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY o	CREMATORY 24D. LOCATION (C	ity, town, or county) (Stote)
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	Dr. E. Ellsworth Cook BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY or		
NOV 40 40CT A O R C T. D	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of REMOVAL (Specify) Burial 19 Nov 65 West Liberty	Cemetery / Baltimore, C	ounty Maryland
MILLY IN 1907 (18 1/ PT 2º ATCI ARUMAN Delenhan Eleman LEV AT	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of REMOVAL (Specify) Burial 19 Nov 65 West Liberty DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Cemetery Baltimore, C	ounty Maryland ADDRESS
NUV 18 1903 (15 July 2 , Tarker Burgee Funety 2 / Home 3631 Falls Road	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify) Burial 19 Nov 65 West Liberty DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTEAR NOV 18 1965	Cemetery Baltimore, C	ounty Maryland ADDRESS

E. Elsunte Cali

VS 150-REV. 1/1/65

	BALTIMORE CIT	Y HEALTH DEPARTMENT	05 44000
BIRTH NO. 65 11820	CERTIFICA	ATE OF DEATH Registered	но. 65 11820
M.E. CASE NO.		2. DATE AND HOUR OF D	DEATH
(Type or Print) Grace R. Shefi 3. PLACE OF DEATH IN BALTIMORE, MA	Cer MIAND	November 16.	1965 6:30 PM
S. FEACE OF BEATH IN BALLIMORE, MA	KICAND	A. STATE B. COUNTY	/ This months residence dente durission/
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location INSTITUTION	or institution, give street	C. CITY OR TOWN (If outside city limits,	write RURAL ond give township)
		Baltimore D. STREET ADDRESS (If rural, give location	
823 Union Avenue		823 Union Avenue	0117
5. SEX 6. RACE Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8. DATE OF BIRTH May 19, 1872 9. AGE (in year lost birthday) 93	S If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Henry S. Eyler		Louisa France	
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or date	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
-	Pedi		823 Union Avenue
18. 5 78 X I		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIS	ECTLY	Our to e to asker	sulde
(This does not mean the mode of	dying, e.g., DUE TO	Inistral hemorrhage	
heort failure, astherio, etc. It means injury or complication which caused			
ANTECEDENT CAUSES	(B)	enclity	
DISEASES OR CONDITIONS, if	DUE TO		
lise to the obove cause (A)			
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING 1	TED TO THE	competers heart fact	ian years
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in B office bldg., INJURY OCCUR?	collimore City, give exoct locotion)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not Wh		
22. I certify that (I) (this hospital			11/151965
that (I) (we) lost saw the decease		15 19 65 and that in (my) You	(r) opinion deoth occurred on the dote
and hour and from the causes state			
23A. SIGNATURE		. [10]	238. DATE SIGNED
Renker Hoffyma	M.D. A	tending Med. Stoff Phys.	11 118/65
23C. PHYSICIAN'S NAME (Type) REUBEN	HOFFMAN M.D	23D. ADDRESS 846 CV. 36 2 St	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY / 24D. LOCATION	(City, town, or county) (State)
Burial 20 Nov	65 Woodlawn Cemeter	Baltimore	County Maryland
25A, DATE REC'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MÔN 18 1892	Obligat E. Janber Mill	Byrgee Funeral Home	3631 Falls Road



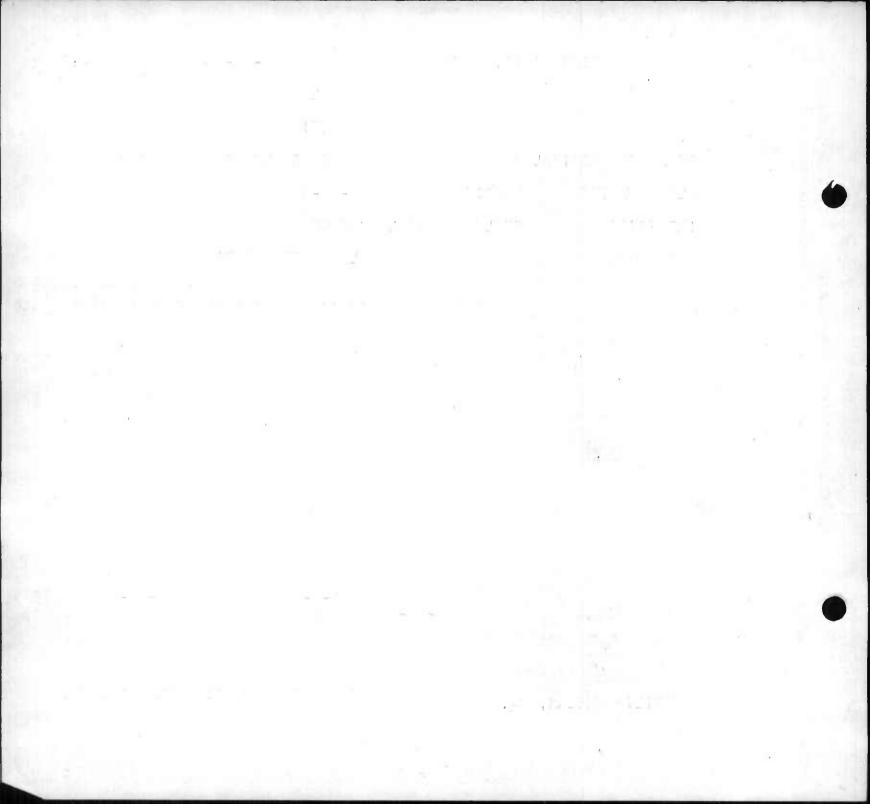
BALTIMORE	CITY	HEALTH	DEPARTMENT
BALTIMORE	CIT	HEALIH	DEPARTMENT

Registered	Na	65	11821

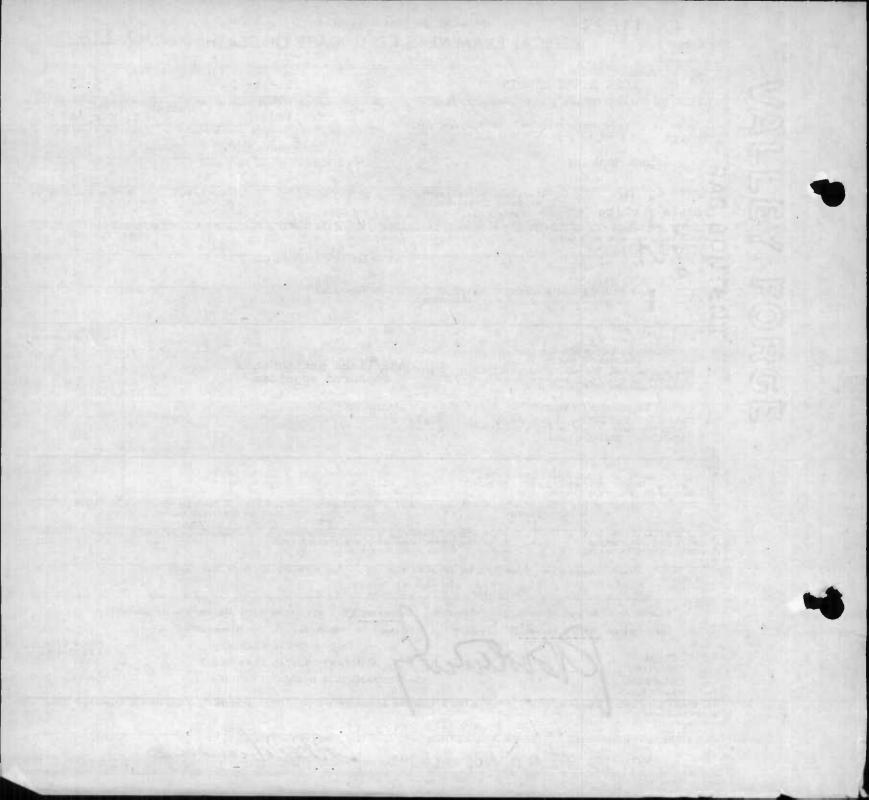
NAME OF DEC	EASED			2 DATE AN	D HOUR OF DEATH		
ype or Print)	Heni	v F.	Kamphaus		. 15, 1965	1	
PLACE OF DE	ATH IN BALTIMORE		Ramphaus	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence be	ore odmissi
				A. STATE B. COUN	ITY	31104	
FULL NAME O	F (If not in hospi		on, give street	Marylan		4 4 4	
INSTITUTION	oddress of loca	HON/		C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give fown	ship)
0				Baltimo			
/				D. STREET ADDRESS (If	rurol, give location)		
	d Gardens Nu				vington St.		
SEX	6. RACE		ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)		Under 24 h
Male	White		Married	Oct. 12, 1887	78		
	UPATION (Give kind of working life, even if retire		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNT	242
Labore		-	od Co.	Balto. Md.			
FATHER'S NAM		100	74 00 \$	14. MOTHER'S MAIDEN NA	ME	USA	
7	TP						
	rnard Kampha		1		tuve		
es, no or unknown	(If yes, give wor or o	rorces? lotes of servic	e) SECURITY NO.	17. INFORMANT		ADDRESS	
Yes	# 1			Mrs. Mary Kam	phaus 151	3 Covington	St.
18. // 4	OXI		CAUSE O	F DEATH		INTERVAL	
DISEA	SE OR CONDITION	DIRECTLY	10	0 D		ONSET AN	DEATH
	LEADING TO DEAT	тн	In Lo	lar Prien	morina	1 3 do	yd
(Th: 1							
	nat meon the made		.g., DUE TO				/
heart failure,	nat meon the made asthenio, etc. It med nplication which caus	ins the disea	.g., DUE TO				(
heart failure, injury or can	asthenio, etc. It med	ins the diseased death.)	.g., DUE TO se,	***************************************			
heart failure, injury or carr	asthenio, etc. It med nplication which caus ANTECEDENT CAUS	ons the diseased death.)	.g., DUE TO se,		***************************************		*************
heart failure, injury or carr	aslhenio, etc. It med nplication which cous	ons the diseased death.) SES if any, giv	.g., DUE TO (B)		**************************************		materia di didicio di cidi di di di di
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DISEASES (rise to the UNDERLYIN) OTHER SIGNITO THE DISEASE OR 19A-DATE OF CONTRIBLE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	ashenio, etc. If medication which cause ANTECEDENT CAUSE OF CONDITIONS, e obave cause (GONDITION last, IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ins the diseased death.) SES if any, giv A) slating CONTRIBU ELATED TO GIT. ONDITION FOR POPERFORMED tal) attended assed alive a stated obove	ING TO STATE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work d the deceased from	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or No 21C. WHERE DID 10 INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ 21F. How death. Inding Med. 23D. ADDRESS	URY OCCUR? 19 ta	PINDINGS CONSIDER RUSES OF DEATH? THE City, give exact local inion death accurre	19 G
DISEASES (rise to the UNDERLYIN) OTHER SIGNITION TO THE DISEASE OR 19A-DATE OF CONTRIBLY OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	ashenio, etc. If medication which cause ANTECEDENT CAUSE OF CONDITIONS, e obave cause (G CONDITION last. IFICANT CONDITIONS (EATH BUT NOT REATH BUT NOT CONDITION CAUSIN CONDITION CAUSIN (CONDITION CAUSIN (ins the diseased death.) SES if any, giv A) slating CONTRIBU ELATED TO GIT. ONDITION FOR POPERFORMED tal) attended assed alive a stated obove	ING TO STATE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work d the deceased from	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or No 21C. WHERE DID 10 INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ 21F. How death. Inding Med. 23D. ADDRESS	URY OCCUR?	PINDINGS CONSIDER RUSES OF DEATH? THE City, give exact local inion death accurre	19 G
DISEASES (rise to the UNDERLYIN) OTHER SIGNITO THE D DISEASE OR 19 A. DATE OF 21 A. ACCIDED OF CONTRIBL DEATH (notify) 12 J. TIME OF INJURY (APPROX.) 22 J. Certify that (I) (we) and haur and 23 A. SIGNATU 23 C. PHYSICIA NAME (T)	ashenio, etc. If medication, etc. If medication which cause ANTECEDENT CAUSE OF CONDITIONS, e obave cause (GONDITION last, EATH BUT NOT REATH BUT NOT CONDITION CAUSIN FORESTELL OPERATION 198. COMMAND (Month) (Day) (Yes that (I) (this hospital last saw the deced of from the couses support of the couses of the couse o	ins the diseased death.) SES if any, giv A) stating CONTRIBU ELATED TO GIT. ONDITION FOR TOPERFORMED and (Hour) tal) attended assed alive a stated obove bel	DUE TO ING THE THE THE THE THE THE THE TH	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or No 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ e	URY OCCUR? Stoff Phys. anover Streen	PINDINGS CONSIDER RUSES OF DEATH? THE City, give exact local inion death accurre	19 6 U
DISEASES (rise to the UN DERLYIN (NOTHER SIGNIT TO THE DISEASE OR 19A-DATE OF CONTRIBUTION (APPROX.) 21. L certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	ashenio, etc. If medication, etc. If medication which cause ANTECEDENT CAUSE OF CONDITIONS, e obave cause (GONDITION last, EATH BUT NOT REATH BUT NOT CONDITION CAUSIN FORESTELL OPERATION 198. COMMAND (Month) (Day) (Yes that (I) (this hospital last saw the deced of from the couses support of the couses of the couse o	ins the diseased death.) SES If any, giv A) slating CONTRIBU ELATED TO GIT. ONDITION FO PERFORMED and (Hour) tal) attended ased alive a stated above bel.	ING CONTROL OF INJURY (e.g., in home, form, foctory, street, of etc.) While At Not While At Work In (I) (We) (did) (did not) verification of the control o	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or No 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ e	URY OCCUR? Stoff Phys. anover Streen	PINDINGS CONSIDER RUSES OF DEATH? THE City, give exact local Inion death accurre 238. DAYE SIGNED	19 G S



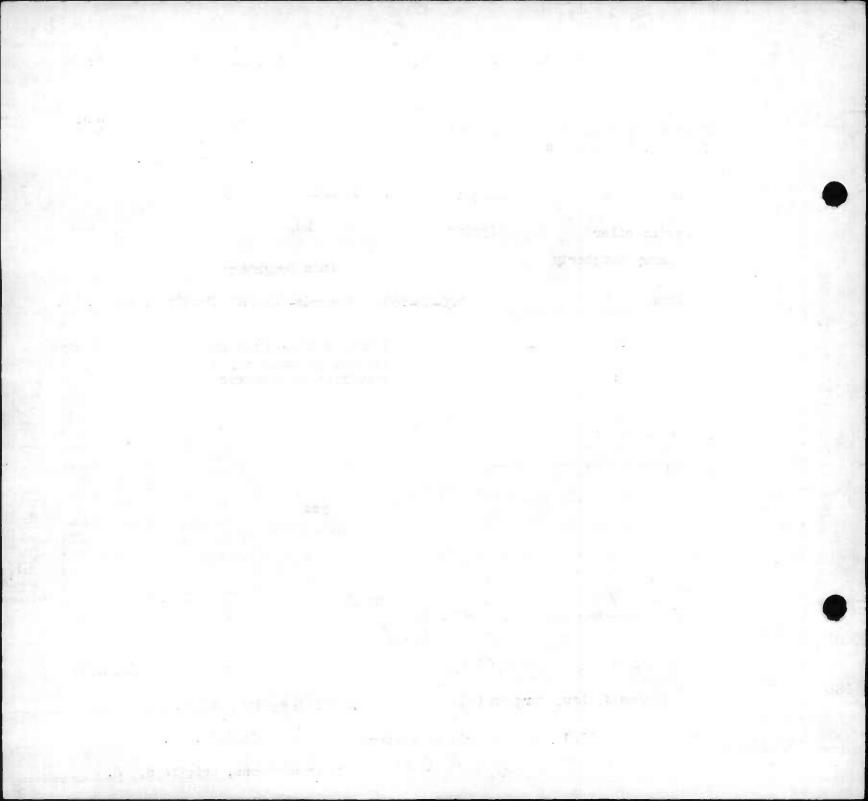
CE 44900	BALTIMORE CITY	HEALTH DEPARTMENT	05 11000	
BIRTH NO. 65 11822	CERTIFICA	TE OF DEATH X Registered No.	65 11822	
1. NAME OF DECEASED (Type or Print) GIACUMAKI	S, ANTHONY	2. DATE AND HOUR OF DEATH	4:50 P M.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (II not in hospital or institution, give street		A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE MARYLAND		
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write R BALTIMORE	URAL ond give township)	
ST AGNES HOSPITAL		7251 CONLEY STREET	21224	
S. SEX 6. RACE 7. MALE WHITE	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 64	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
TOA, USUAL OCCUPATION (Give kind of work 108, KI done during the ECTOR, even if retired)	ETHLEHEM STEEL	GREECE	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME EMANUAL		14. MOTHER'S MAIDEN NAME FLORA PETKONIATI		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of se	16. SOCIAL SECURITY NO.	17. INFORMANT CATE ST AGNES HOSPITAL REC	ON AVES 21229	
U 21A. ACCIDENT WAS UNDERLYING	giving g lhe (B) (B) (C) (B) (B) (C) (B) (C) (C	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CALL	EINDINGS CONSIDERED JSES OF DEATH? City, give exect locotion)	
DEATH (notify medical examiner) O 21D. TIME (Month) (Doy) (Yeor) (Hou	etc.) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
(APPROX.) 22. I certify that (I) (this hospital) attethat (I) (we) last saw the deceased alivand haur and from the couses stated ab 23A, SIGNATURE 23C.PHYSICIAN'S NAME (Type)	11-17- nove. (I) (We) (did) (did nat) v M.D. Atte	11-2- 19 65 to 1	1-17- 19 65 , nlan death accurred on the date 238, DATE SIGNED 11/17/67 LTO.29, MD.	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BUILD 12065 25A. DATE REC'D BY HEALTH DEPT. 125B, N	24C. NAME OF CEMETERY OF CRE Madowridge Me HAME OF REGISTRAR	Cenorial Park Baltimore	Ny, town, or county) (Stole)	
NOV 19 1965 Q	lub E, FarleyMA	Nicholas T. Matthews 3001 Fastern Ave.	Bultimore 24, Md	



65 BIRTH NO.	11823 MEDI		SAMINER'S C			DEATH Registe	ered 65_	11823
M.E. CASE NO. 1. NAME OF DEC	the state of the state of					D HOUR PRONOUNC		9:45 P
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID		d d Ed 16 E	titution: resid	lana latara
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Ma	ryland	e carparate limits, writ	St.	Mary s
HOSPITAL OR	ADDRESS OR LOCA	(IION)		1	11ywood		/	
Joh	ns Hopkins			D. STREET ADD	RESS (If rurol,	give location)		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	н	9. AGE (In years		1 Yr. If Under 24 H Doys Hours , Min
female	white		MARRIED	4/12/19	58	7		
	JPATION (Give kind of work vorking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State or foreig	n country)	12. CITIZ	EN OF T COUNTRY?
SCHOOL O				MARY		F		USA
15. WAS DECEASE	RGE HARRIS D EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT	E E.LYO	IN	ADDRESS	
NO	(If yes, give war ar date	s of service)	SECURITY NO.	GEODGE	HADDIG	TIOTTWINO	TO BEADS	T AND
1B				E OF DEATH	HARRIS	- HOLLYWOO	D, MARY	INTERVAL BETWEE
DISEASES OF THE UNDERLYIN	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S' IG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	NY, GIVING TATING THE	(B) DUE TO (C)					
0 2	OPERATION 198, CON	DITION FOR	WHICH OPERATION	yes	? (Yes or No)	208. IF YES, WERE FIN CERTIFYING CAU		
OUNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH, (Month) (Day) (Year	hame etc.)	PLACE OF INJURY (e.g., form, foctory, street, 1E. INJURY OCCURRED WHILE AT NOT NOT NORK	office bldg., INJURY	WHERE DID	(If in Boltimore City, g	ive exact la	ecotion)
I cert	URE		Sylcident Sylcid	de Homici	de	AMINER X		DATE SIGNED
NAME (Type) MATION, 238, DATE	23	C. NAME OF CEMPTERY				, town, or o	county) (State)
REMOVAL (Specify BURIAL	11/1	9/65	SACRED HEAR	RT CEM.		BUSHWOOD.		MARYLAND
24A. DATE REC'D	BY HEALTH DEPT. 10V 19 1965		OF REGISTRAR		DIRECTOR	N - LEONARD	A	DDRESS
VS 151-REV. 1/1/		Alvert		1.00	. 7 . 7	- DEGRAID	TOWN, I	MILLIMIND



	05 44004		BALTIMORE CITY	HEALTH DEPARTMENT		
	тн но. 65 11824		CERTIFICA	TE OF DEATH	Registered No.	65 11824
1.1	LE CASE NO. NAME OF DECEASED The or Print! GEOTE	ge Loren	Daugherty		14 1965	5: 20 A
3.	PLACE OF DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Whe	re deceosed lived. If in	syllytion: rosidonce before admission)
	FULL NAME OF (If not in hospital		give stroot	Md.		Somer of
/	HOSPITAL OR oddress or location			c. CITY OR TOWN (If ou Crist		RURAL and give township)
	US Public Health Serv Nyman Pk. Drive & 31s		pital		rural, give location)	67-37
Y	Nyman FR. Drive & 713	st St.		- 4		Ave.
5.	SEX 6. RACE	WIDOWED	NEVER MARRIED DIVORCED (specify) ngle	8. DATE OF BIRTH 5/11/15	9. AGE (In years lost birthday) 50	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of worne during most of working lite, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Marine oiler		pping	Md.		USA
13.	FATHER'S NAME		100	14. MOTHER'S MAIDEN NA	ME	
	Larry Daugherty			Lula Dough	ntery	
15. (Ye	Was Deceased Ever in U. S. Armed Fors, no or unknown) (II yes, give war or dat	rces? les of sorvico)	SECURITY NO.	17. INFORMANT		ADDRESS
	None		246-09-5601	. Records- US	PHS Hospit	al, Balto, Md.
	18.157X 1		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI		Ma	ssive gastroint	estinal	3 days
H	(This does not meen the mode of	l dying, e.g.,	(A)	emorrhage secon		y days
	heart loilure, asthenia, etc. If means injury or complication which cause			arcinoma of pan	•	
	ANTECEDENT CAUSE	S	(B)		***	
	DISEASES OR CONDITIONS, II		501 10			
	rise to the obove couse (A) UNDERLYING CONDITION lost.	sloting the	(C)			
ATION	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	S E			
CAI	19A. DATE OF OPERATION 19B. COI		WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES WERE	FINDINGS CONSIDERED
ERTIFIC	2 WAS PE	RFORMED		yes	IN CERTIFYING CA	USES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examinar)		o, form, factory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?	(II in Boltimore	e City, give exact location)
EDI	21D. TIME (Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S	(APPROX.)	Whi	le At Not While			
	22. I certify that (1)/(this hospita	1) ottended ti	ne deceased from	Joy 3	19 65 to Nov	14 19 65
	that (/) (we) lost sow the deceos				at in (my) (our) opl	nion death occurred on the date
	and haur and from the couses sto					
	23A. SIGNAPURE	1)				23B, DATE SIGNED
	Johnes,	17	M.D. Allo	mding Mod. Diroctor	Stoll Phys. x	11/15/65
	23C.PHYSICIAM'S NAME (Type) Thomas J. Lau,	Surgeon		US PHS Hospit		
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	_	ME of CEMETERY OF CRE			ty, town, or county) (State)
I	Burial 11/17	/65 Sun	nyridge Cemete	erv Cr	isfield, Md	
25/	NOV 19 1965	25B. NAME C		25C. FUNERAL DIRECTOR Bradshaw & S		ADDRESS
VS	150-REV 1/1/65		,			



BALTIMORE	CITY	HEALTH.	DEPA	RIMENT

	H NO. Paki	istan MEDI		AMINER'S C			DEATH Registe	ered No	65 1	1825
1. 1	AME OF DECE		WASIM	QURESHI		2. DATE AND Nove	mber 12, 19	P65	9:40) A
		ORE, MARYLAND, WI			I A. STATE	yland	deceased lived. If ins B. CO	titution: resid	dence befo	re odmission)
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA		ITION, GIVE STREET		wn (If outside	e corporate limits, writ	e RURAL or	d give tov	ynship)
6	St.	Agnes Hospit	:al		D. STREET ADD		give locoton) ield Avenue	2		
5. S	ex Male	White		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	/62	9. AGE (In years lost birthday)			Inder 24 Hrs.
		ATION (Give kind of work king life, even if retired)		BUSINESS OR INDUSTRY		(State or foreig	n country)	Pakis	FOUNT	RY?
13.1	Abdul	17 H (A)	Qures		14. MOTHER'S M			In Ba	lto.	2 mos
		EVER IN U.S. ARMED yes, give war or dote:	of service)	16. SOCIAL SECURITY NO.	Abdul 4	Fathe	, 589 Be	address echf1		∆v e
ATION	heart failure, a injury or comp AN DISEASES OF RISE TO THE UNDERLYING	mean the mode of sthenio, etc. It means the sthenio, etc. It means the sthenio of	the disease, leath.) S NY, GIVING ATING THE	(B)	iocerebral					
CERTIFICATION	TO THE DI	FICANT CONDITIONS OF EATH BUT NOT REL CONDITION CAUSING OPERATION 19B. CONI	ATED TO T	HE	20A. AUTOPSY		208. IF YES, WERE FI			D 25'-3
	21A. EXTERNAL UNDERLYING OCUTING CAUSE 21D TIME OF INJURY (APPROX.)	R CONTRIB-	(Hour) 2	PLACE OF INJURY (e.g., form, foctory, street, construction of the street in the street	Beed 21F. H	occur? chfield	Ave., N. o:	f Airy		Ave.
		d from: Naturol cou	inquiry A	Inspection X Au	opsy on Homic	EDICAL EX	AMINER X		DATE	SIGNED 12/65
	Burial CREMA MOVAL (Specify) Buria	ATION, 23B. DATE	65	C. NAMBUSON TERY	PARATORY BARA	Bai	The state of the s	Md. or o	county)	(State)
24 <i>F</i>	N. DATE REC'D BY	V 19 1965	Robert Poles	OF REGISTRAR LANGUENTA	Witzr	AL DIRECTOR	4101 Edm	ondsoi	DDRESS	

VS 151-REV. 1/1/65

N85622 000 1 0 4 3 8

ALIE 3/3/60

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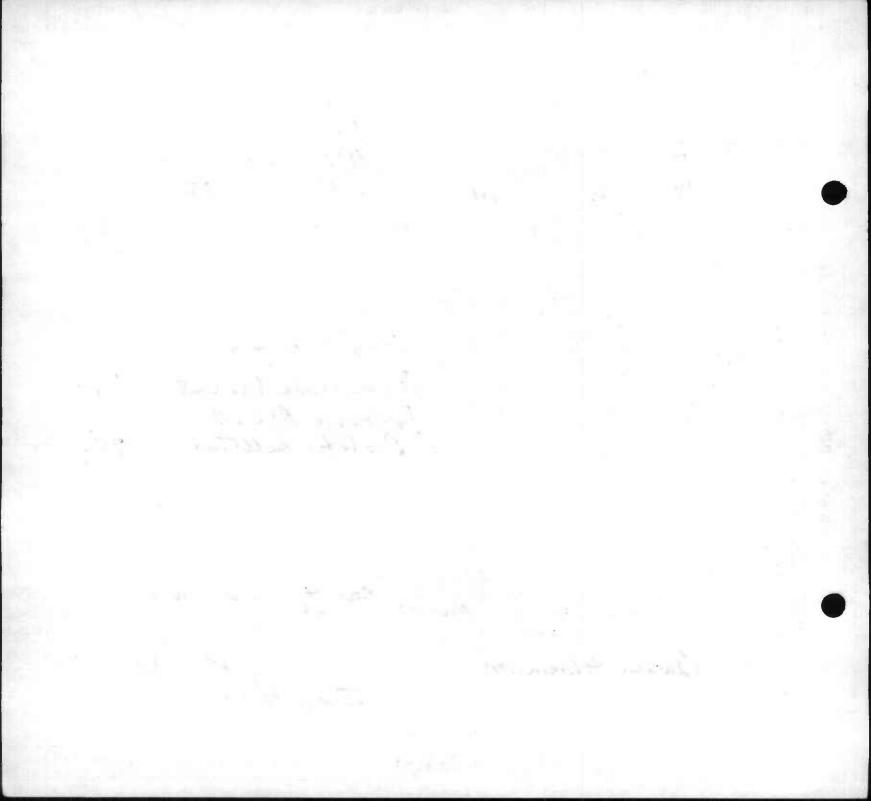
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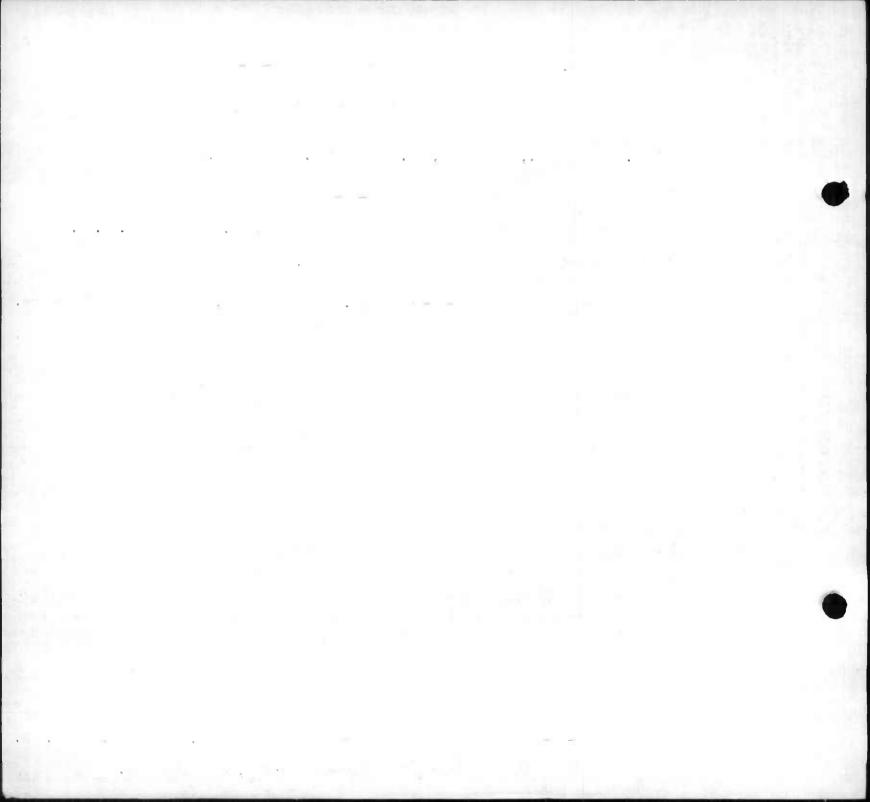
nowhould laid . Mr. about

	BALTIMORE CITY	HEALTH DEPARTMENT		05 11000
BIRTH NO. 65 11826	CERTIFICA	TE OF DEATH	Registered Na.	65 11826
NAME OF DECEASED	0 1	2. DATE AN	ND HOUR OF DEATH	^
Type or Print) Walman P.	Verelman.	17/0	v-17,1	965 1:15 8
PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admission
FULL NAME OF (If not in hospital or ins	titution give street	Ma		15-10
HOSPITAL OR oddress or location)	monon, give sheet	C. CLTY OR TOWN (If ou	tside city limits, write	RURAL ond give township)
1		Ba /to.		
2 Sinai Hospi	tel		rurol, give location)	
o mas 100 gil		1102 Ke	elle Av	c.
SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
m W	MOWED, DIVORCED (specify)	DEC 1884	losi orindoy	IVIONIAS Doys Hoors IVIII.
A. USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fore	ign country)	12. CITIZEN OF
ne during most of working life, even if retired)	EAL ESTATE	Ruccia		WHAT COUNTRY?
FATHERS NAME	ENC DAIMIG	14. MOTHER'S MAIDEN NA	AAE	00/
#		C		
TIGMAN		Jerry		
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO -	217-03-3722	+ HOSAT C	LIG RT	
18. 2 / 0 // 1	CAUSE O	F DEATH	, , , ,	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTL	Y			ONSET AND DEATH
LEADING TO DEATH	(4) (5)	roncho preun	nonia	10 d.
(This does not meon the made of dyin heart failure, asthenio, etc. It meons the		J	**************************************	
injury or complication which coused deat			1 +	13.0
ANTECEDENT CAUSES	(8)	blovas cular 1	CC, alm	1 3 04.
DISEASES OR CONDITIONS, if ony,	giving	1. · 10.	- 11	15
rise to the above couse (A) stati	ng the (C) Rugge	77ensive 110	-VU	10 glass.
UNDERETHING CONDITION last,	() ()	and the me	Hita	200
OTHER SIGNIFICANT CONDITIONS CONT	PIRITING	TWPE THE	50,000	20 gens
TO THE DEATH BUT NOT RELATED				
OTHER SIGNIFICANT CONDITIONS CONTI	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	o) 20B, IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORM	ED		IN CERTIFYING CA	USES OF DEATH?
	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	and the second	015 115 115 115		
21D. TIME (Month) (Doy) (Year) (Ho OF INJURY		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work Not Whi			
22. I certify that (I) (this hospital) att	ended the deceased fram	nov- 4	19 65 to N	er 17 19 63
that (I) (we) last saw the deceased all	ive on Nov- 17	19 65 and th		nian death accurred on the d
			or(), (20.) op.	decire decorred dir me d
and haur and from the causes stated a 23A. SIGNATURE	bave. (I) (We) (did) (did hat)	view the bady after death.		23B, DATE SIGNED
101	M.D. Att	ending Med.	Stoff 7	200 0011 301110
Lawrence Holomon	-VAO. Phy	s. Director	Phys.	Mar 11,1163.
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	/	
	M.D.	Smai Hu	DP.	
A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CR			ity, town, or county) (State)
BORLAL 11/18/1965	ROSEGELE	3	Balto.	MO
1	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	2	ADDRESS
NOV 1 9 1965 10	Prest E. FarberMA	SYLVAN S. LEL	ULS NOW -33	19 CLYMPIA AJE
\$ 150-REV. 1/1/65	Cath at annual			
a 130°85 V. 1/1/D2		3 1 1		



attendance on the death.

		BALTIMORE CITY	HEALTH DEPARTMENT	CE 4400°	
	тн но. 65 11827	CERTIFICA	TE OF DEATH Registered N	65 11827	
	E CASE NO.		2. DATE AND HOUR OF DEA	ŤH	
	SARAH L. LAMBER	Tr.	11-18-65 2:10 A.		
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	<u> </u>	4. USUAL RESIDENCE (Where deceased lived. I	If institution: residence before admiss	
			A. STATE B. COUNTY	12 11	
l F	FULL NAME OF (If not in hospital or institut oddress or location)	ion, give street	C. CITY OR TOWN (If outside city limits, wri	ite RURAL ond give township)	
1	INSTITUTION			ite KOKAL ond give township)	
10	Melchor Nursing Home		Baltimore D. STREET ADDRESS (If rurol, give location)		
0	2327 N. Charles St., E	Baltimore, Md.	2327 N. Charles St.,		
S. S		RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 I	
F	remale White	OWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min	
16A	NET NUSUAL OCCUPATION (Give kind of work 10B, KINI	ver Married	6-21-1883 81	12. CITIZEN OF	
	e during most of working life, even if retired)			WHAT COUNTRY?	
		tired	Baltimore, Md.	U. S. A.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	William Lambert		Mary E. Taylor		
15.	Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS	
11 63	s,no or unknown) (If yes, give wor or doles of servi	212-07-1615	Mrs. Edward Hopkins, 101	2 Roland Heighte As	
	18. //0 // 1		F DEATH	INTERVAL BETWEEN	
	41/1	CAUSE O	DEATH	ONSET AND DEATH	
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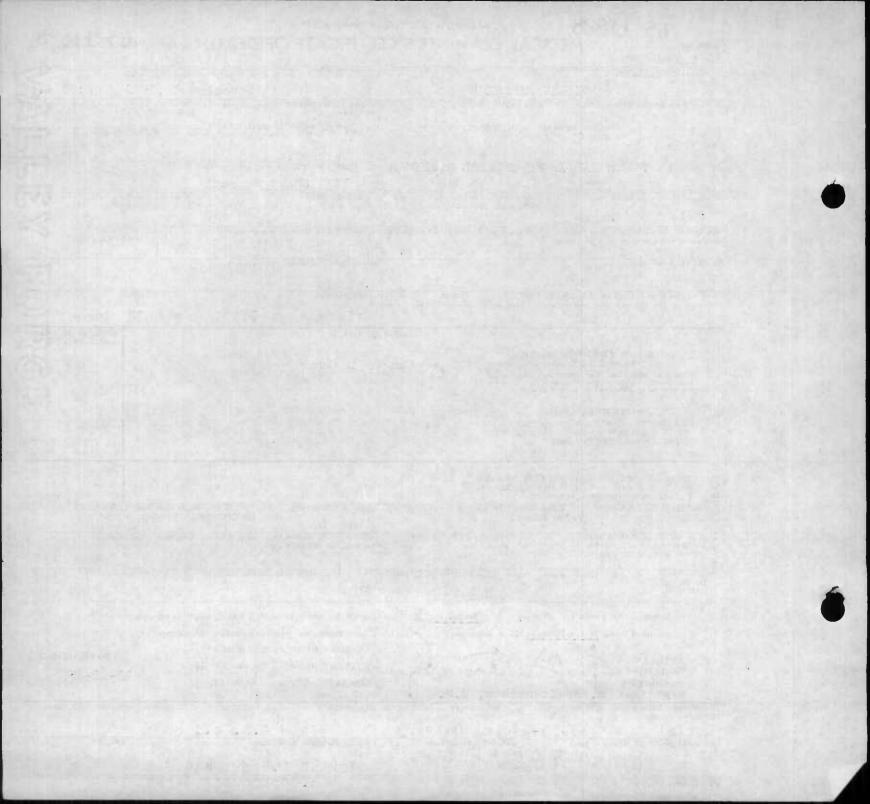
BALTIMORE CITY HEALTH DEPARTMENT

65 11828 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 00 BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 8:35 A November 11,1965 WILLIE HARDRICH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
R. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If autside corporate limits, write RURAL and give township) ADDRESS OR LOCATION) HOSPITAL OR Baltimore SOUTH BALTIMORE GENERAL HOSPITAL D. STREET ADDRESS (If surol, give locotion) 1234 Sharp Street 9. AGE (In years last birthdoy) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min. WIDO WED, DIVORCED (specify) 59 Male Negro 10A, USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Jnknown 14. mother's maiden name 13. FATHER'S NAME Unknown Jnknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16. SO CIAL (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. VII Leadenhall Street Naimoa CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cancer in lung (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., NJURY OCCUR? MEDICAL 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Year) OF INJURY WHILE AT NOT WHILE (APPROX.) 22. Inspection X Autopsy I certify that I held an Inquiry and that an this basis, death in my apinlan resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. 11-11-65 ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) R'. Breitenecker, M.D. 23A, BURIAL CREMATION, 238 DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) II-I5-65 | Mt Calvary A.A. Co ... Burial 24B NAME OF REGISTRAS 24A, DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65

Isaiah L.Brown and Son

108 W.Montgomery



Undetermined cause; (5) Deceased

contributing cause

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A. STATE Maryland

2. DATE AND HOUR OF DEATH

M.E. CASE NO. (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND

(Charlie) Charles Allen

November 16, 1965 | 2:30 A. M. M. USUAL RESIDENCE [Where deceased lived. If institution: residence before odmission]

Hours

If Under 24 Hrs. Haurs : Min.

FULL NAME OF HOSPITAL OR INSTITUTION

(If not in haspital or institution, give street oddress or location)

Baltimore City Hospitals 4940 Eastern Avenue

C. CITY OR TOWN Baltimore D. STREET ADDRESS

(If rural, give lacation)

(If outside city limits, write RURAL

5. SEX

Baltimore, Maryland 21224

1032 Aisquith Street B. DATE OF BIRTH

3-20-1893

17. INFORMANT

9. AGE (In years If Under 1 Yr. Manths: Days lost birthday

21202

Male Negro dane during most of working life, even if retired)

WIDOWED, DIVORCED (specify) Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign caunity)

7. MARRIED, NEVER MARRIED

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME

North Carolina 14. MOTHER'S MAIDEN NAME

ADDRESS

15. Was Deceased Ever in U. S. Armed Farces (Yes, na or unknawn) flf yes, give war or dates af service) 6. SOCIAL SECURITY NO.

RECORDS: BCH 4940 Eastern Avenue 21224

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the above cause (A) stating the UNDERLYING CONDITION last. II

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

20A. AUTOPSY? (Yes or No)

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location)

MEDICAL (Month) (Day) (Year) OF INJURY (APPROX.)

(Hour) 21 E. INJURY OCCURRED While At Wark

21F. HOW DID INJURY OCCUR? Nat While

Med.

Director

At Wark 19 60 22. I certify that (1) (this hospital) attended the deceased from

that (I) (we) lost sow the deceased alive an... ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.

23A. SIGNATURE M.D.

Attending Phys.

23D. ADDRESS

23B. DATE SIGNED Staff Phys. 11-16-1965

23 C. PHYSICIAN'S NAME (Type)

Dr. George Gey

M.D.

4940 Eastern Avenue Baltimore, Md. 21224

24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)

HEALTH DEPT.

VS 150-REV. 1/1/65

0 written approval 0 prior at D.O.A. eceased Was

chief medical examiner 6

FUNERAL

IMPORTANT assistant

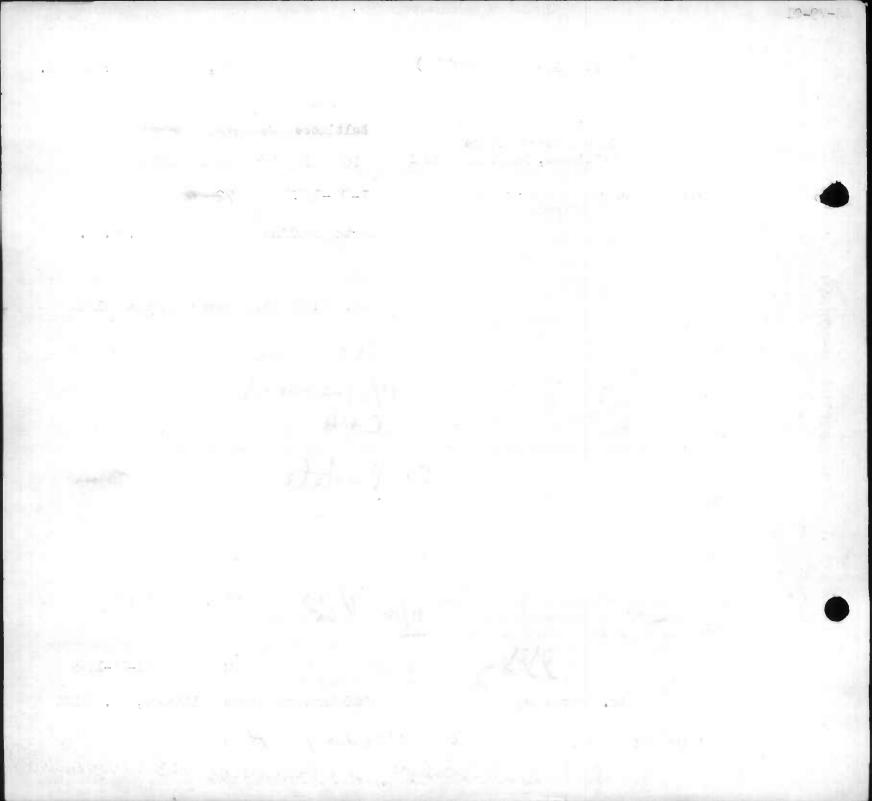
his

Also, of

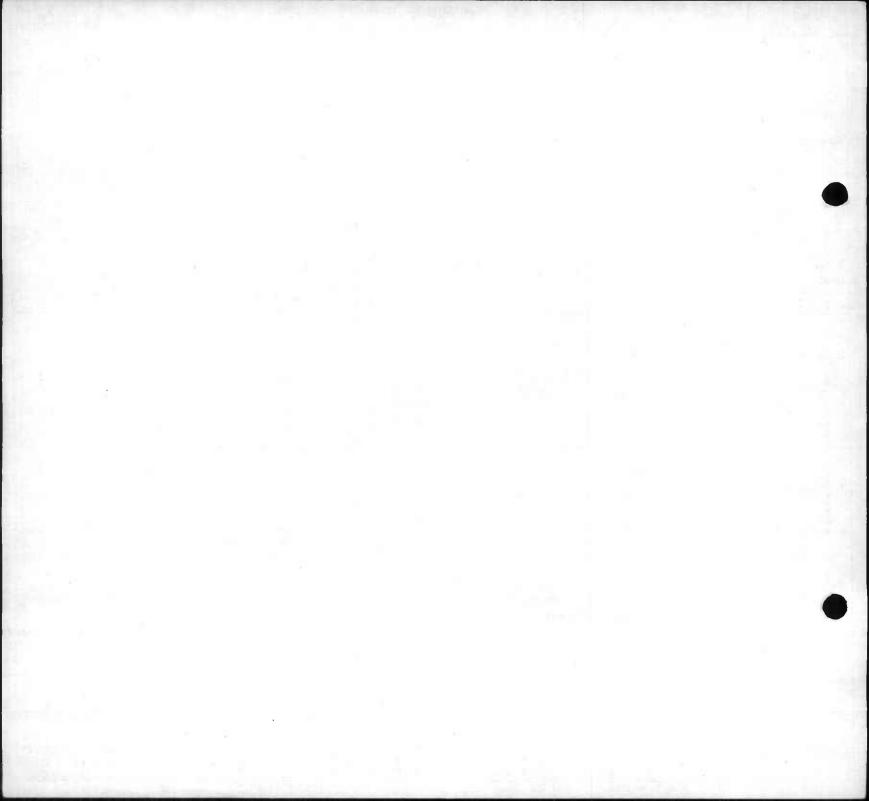
DIRECTOR:

24A. BURIAL CREMATION, 24B. DATE

ADDRESS

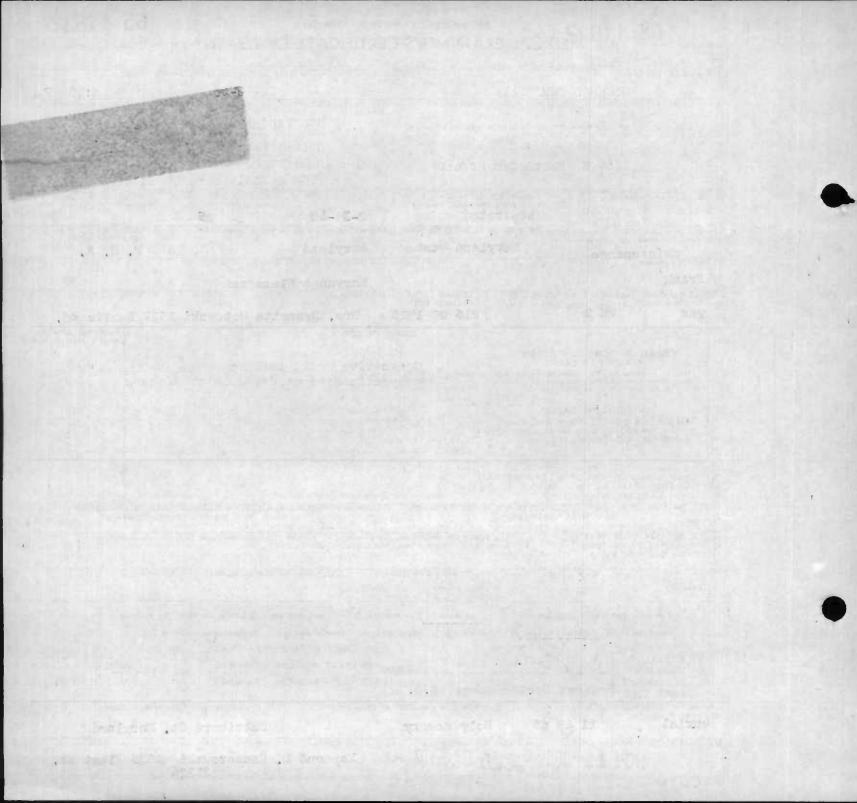


VS 150-REV. 1/1/65



- 417-22-1 1-26-1777 -- -Patrice Lagran Tues many The second second of the second second the second second

	TH NO.	118 MEDI	CAL EX	CAMINER'S C	ERTIFICATE (OF DEATH Registe	ered No.
-	E CASE NO.	EACED			12.04	ATT AND HOUS BRONOUNG	ED DEAD
(Ту	pe or Print)		***		2. 07	ATE AND HOUR PRONOUNC	
3 8	DI ACE IN BALT	SIGMUND KOV		INCED DEAD	MA HEHAL RESIDENCE	11-16-65	8:15 R _{M.} litution: residence before odmission
3. 1	TACE IN DALI	MORE MARIENIO, W	HEKE FRONCE	DACED DEAD	A. STATE	B. COL	JNTY
HO	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	Maryl c. city or town () Balti	If autside corparate limits, write	RURAL and give tawnship)
		170/ 5 5 1					
2	0	1704 E. Bal	ltimore	Street	D. STREET ADDRESS	E. Baltimore St	reet
5. 9	male	6. RACE white		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 2-3 -10	9. AGE (In years last birthday)	If Under 1 Yr, If Under 24 Hrs Months Doys Hours Min.
don	e during most of w	vorking life, even if retired)		land State	Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	main FATHER'S NAM	tenance	- Lack y	Taim -care	14. MOTHER'S MAIDEN	J NAME	U. S. A.
	Frank				Maryanna B		
15.	WAS DECEASE	O EVER IN U.S. ARMED	FORCES?	16, SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
	yes	WW 2	3 01 36141667	216 09 1925	Mrs. Jean	ette Gutowski 1	527 Leglin Rd
-	1B. // //	2 V		CALLSE	OF DEATH		INTERVAL BETWEEN
	77	OXI		67035	OI DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION DIE	RECTLY	Congo	ative beart	failura	
	(This does no heart failure, injury or con	at mean the mode of asthenia, etc. It means application which coused	dying, e.g., the disease, death.)	DUE TO hyp	estive heart Pertensive ca	irdiovascular di	sease
z	DISEASES O	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST.	NY, GIVING	(B)			
은		II.					
ERTIFICATION	TO THE	VIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO T				
CERT		OPERATION 198, CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B, IF YES, WERE FI	
EDICAL	21A. EXTERNAL UNDERLYING UTING CAU	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , farm, foctory, street, c	in ar about 21C. WHERE	DID (If in Baltimore City, gi	ve exact lacation)
Σ	21D TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year	V	TE. INJURY OCCURRED WHILE AT NOT YORK AT W	WHILE	ID INJURY OCCUR?	
	22.	ify that I held on I		Inspection X Aut		t an this basis, death in n	ny oninion
						Undetermined manne	
		1/)//		T		AL EXAMINER	
	SIGNATI		even 2	m.D.	ASSISTANT MEDIC		11-17-65
	EXAMIN NAME (1		Breitene	ecker, M.D.	ASSOCIATE MEDIC	CAL EXAMINER	
23.4	BURIAL CREA	MATION, 238, DATE	23	C. NAME of CEMETERY o	CREMATORY	23 D. LOCATION (City,	, town, ar caunty) (State)
KE/	burial	11 19	65	Holy Rosary		Baltimore Ct.	Maryland
244	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DI		ADDRESS
		NOV 19 1965	Rober	6 E. Farbayna	Raymond 1	L. Kaczorowski	2525 Fleet St.



	110 3 1
4	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	spit e of De nce eath
	a ho aus e; (5 nda to d
	ng caus
	buti hed lar lar ade.
	occu ontri ermi regu dase is m
	or con in in dece
	if de ct (t) Ur was
IN	dird; (4)
RTA	the the king king
M	o, if fan, nced endo
2	Als Pre o nou att
OR:	acturacturacturacturacturacturacturactur
ECT	Xam Cam A fr who reg
FUNERAL DIRECTOR: IMPORTANT	cale al ey s; (3) ian s in
ALI	edicci edicci ourns vysic n wa
JER.	a mody body be ple ple ple ple ple ple ple ple ple pl
FUN	by by 2) Bo
	by the re; (
	hosp natu ept d (6)
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	d to t of t of ital ath)
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	Wan Wan
	cert body vs: () D.O. dase
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

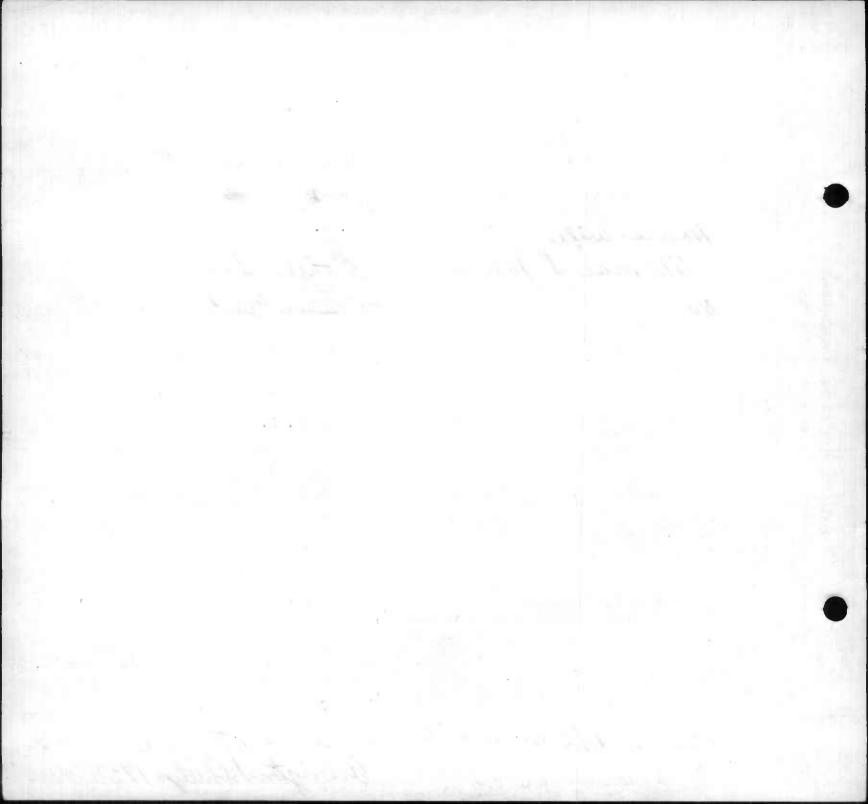
BALTIMORE CITY HEALTH DEPARTMENT	05 44060
CERTIFICATE OF DEATH	Registered No. 65 11833

	OF 44072		BALTIMORE CITY	HEALTH DEPARTMENT		OF AAOOD
BIRTH NO.	65 11833		CERTIFICA	TE OF DEATH	Registered Na.	65 11833
M.E. CASE NO),		CERTITION		ID HOUR OF DEATH	
(Type or Print)						65 0.30 A
	Waverly Als			Novem	ber 17, 19	65 9:30 A M
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When A. STATE B. COUN	re deceased lived. II i TY	institution: rosidence before admission)
FULL NAME HOSPITAL C	OR address or location		give street	Maryland c. City or town (If out	Isido city limits, write	RURAL and give township)
- 0	Providen	t Hospi	tal	Baltimore		
37	1514 Div				rural, give location)	
-/				712 E. 43rd.	Stroot	
5. SEX	Baltimor 6.RACE	7 MAPRIED	NEVER MARRIED		9. AGE (In yours	II Undor 1 Yr., If Under 24 Hrs.
. 324	0. 1.0.	WIDOWED	DIVORCED (specily)	70.	lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Male	Negro	Marri		May 27, 1910		
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or fare	gn country)	12. CITIZEN OF
	t of working life, even if retired)			North Caroli	na	WHAT COUNTRY?
Chauff						
3. FATHER'S N	NAME			14. MOTHER'S MAIDEN NA	ME	
Tames A	laton			Togonhine Will	1.	
James A	SECTION S. Armed For	C05?	1 6. SOCIAL	Josephine Mil		ADDRESS
res, na ar unkno	wn) (If yes, give war ar dote	s of sorvice)	SECURITY NO.	712 E.	43rd Stree	et
no			213-09-2330	Mrs. Thelma A	lston	
1B. 44-	11 - 1		CAUSE O	FDFATH		INTERVAL BETWEEN
	7.3.		0,1002			ONSET AND DEATH
DISI	EASE OR CONDITION DIE LEADING TO DEATH	RECTLY	Harm	antansive Hear	+ Disease	
(71)		973 77 70	(A) 11 y P	ertensive Hear	C DISCARC	
	s nat mean the mode of ire, asthenia, etc. It means		DUE TO			
	complication which caused					
	ANTECEDENT CAUSES			temia		
			DUE TO			177
	OR CONDITIONS, if					
	The above cause (A)	siding ine	(C)			
01101111						
E TO THE	II GNIFICANT CONDITIONS C DEATH BUT NOT RELA	TED TO TH	G E			123111
DISEASE	OR CONDITION CAUSING I					
19A. DATE	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yos or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
				No		
OR CONTR	DENT WAS UNDERLYING RIBUTING CAUSE OF	21 B. ham etc.	PLACE OF INJURY (e.g., in e. farm, lactary, stroot, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exect lecetion)
21 D. TIME	(Month) (Doy) (Your)	(Hour) 21E.	INTERNACE CONTRACTO	215 11011 515 111	1104 0 0 0 1102	
OF INJURY	(Ivionin) (Doy) (1601)		INJURY OCCURRED	21F. HOW DID INJ	UKT OCCUR:	
(APPROX.)		Wh	ile At Not While			
22 1		\ I I	L. Oot	ober 31,	of Nove	ember 17, 1965
22. I cert	ity that (I) (this hospital) attended t	he deceased from <u>VC C</u>			
that (I) (v	we) last saw the decease	d alive an	November 17,	19ond th	at in(my) (aur) ap	inian death occurred an the dat
and have	and from the causes stat	ed abave. (I) (Wa) (did) (did aat)	iew the body after death.		
23A. SIGNA		ea abave: (/ (me) (ara) (ara nor) v	Tew The body differ dediff.		23B. DATE SIGNED
234. 31014	(78. 188	1 1		A4.4	S #	
	John of	24	M.D. Atte	mding Med.	Phys.	November 17, 196
23C.PHYSI	CIAN'S	1	1	23D. ADDRESS		
NAMI	E (Typo)	4.15	0 0		0.1	
1	TOGER	1 HLO	DORE M.D.	1514 Division	Street	
4A. BURIAL C	REMATION, 248. DATE	24C. N	AME of CEMETERY of CRE	MATORY 24D. L	OCATION (C	City, town, or county) (Stote)
	L (Specily)					
Burial	11-20-6	Arbi	utus Memorial	Park Bal	timore, Mar	cyland
JAIL KE	NOV 1 9 1965	00 2	E. FarkerMA	230. TOHERAL DIRECTOR	1735 Harfor	rd Ave.
	MAA TA 1202	Morres	C' Annochi an	Marshall W. J		
/\$ 150-REV. 1/	/1/65				ouco, ul.	



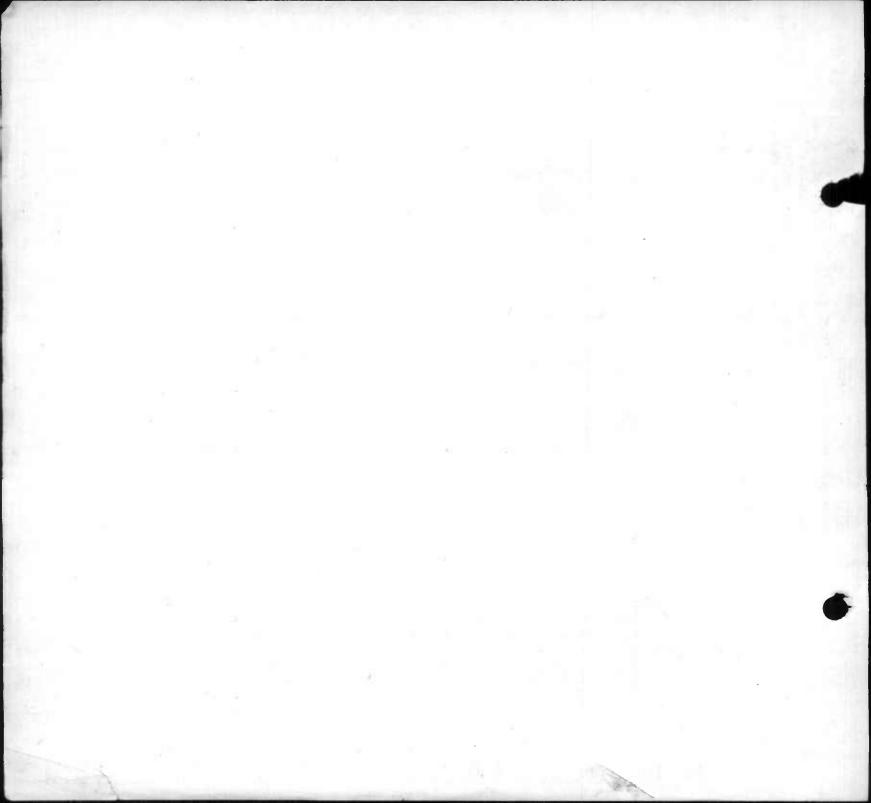
NOV 19 VS 150-REV. 1/1/65

			BALTIMORE CIT	Y HEALTH DEPARTMENT		CE 44004
BIRTH NO. M.E. CASE NO.	68	5 11834	CERTIFICA	ATE OF DEATH		65 11834
1. NAME OF DI (Type or Print)	Evelyn	Clark			vember 16,	
3. PLACE OF D	EATH IN BALTIN	ORE, MARYLAND		4. USUAL RESIDENCE (W		institution: residence before odmission)
FULL NAME	OF (If not in	n hospitol or institu	tion, give street	Maryland		15-03
HOSPITAL O	e oddress	or locotion) it Hospit			outside city limits, write	RURAL ond give township)
20		ision St		Baltimore		
57	-	re, Maryl		D. STREET ADDRESS	If rurol, give location) n Avenue	
5. sex Femal	6. RACE	WID	RIED, NEVER MARRIED OWED, DIVORCED (specify) arried	8-5-14	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give I		D OF BUSINESS OR INDUSTR		reign country!	12. CITIZEN OF WHAT COUNTRY?
Hou		ilos		S. C.		
13. FATHERS N		I. Ja	enes	14. MOTHERS MAIDEN N	Smits	L
15. Was Deceas	ed Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT	1	ADDRESS
11/1	103, Bive a	0, 00.63 0, 361	SECURITY NO.	411:10:	Mark. i	784 Kuster and
18. 2 - 3	-111		CAUSE	OF DEATH	race 1	INTERVAL BETWEEN
DISE	ASE OR CONDI	TION DIRECTLY				ONSET AND DEATH
	LEADING TO		(A) Le	annec cirrhosi	s of the li	ver
		mode of dying,	e.g., DUE TO			
		It means the dis- h caused death,)				
	ANTECEDENT	CAUSES		ophageal varic	es with rup	ture
DISEASES	OR CONDITIO	NS, if any, g	DUE TO			
rise to	the obove con	use (A) stating		d massive G. I	 bleeding 	
UNDERLYI	NG CONDITION	last,				
OTHER SIG	NIFICANT COND	DITIONS CONTRIB	JTING			
DISEASE C	R CONDITION C	AUSING IT.		120 A	1 1 202 1- 11-	
19A.DATE		WAS PERFORMED	FOR WHICH OPERATION	Yes	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTR	ENT WAS UNDEBUTING CAUS	E OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
21 D. TIME	(Month) (Do	y) (Yeor) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
€ (APPROX.)			While At Not Wh			
22 1	(1 - (1) (1) :	1 - ' IV			965 to N	lovember 16, 19 65
	, , , , ,		ica ille deceosed iloili			
						pinion death occurred on the date
	0	uses stated obo	/e. (I) (We) (did) (did not)	view the body ofter death	١,	
23A. SIGNA	TURE X	2	1		e # 3F	23B. DATE SIGNED
	X.	Weodo.		trending Med. Director	Stoff Phys.	November 16, 1
23C. PHYSIC	IAN'S (Type)	7		23D. ADDRESS		
TANKE.	Roger Ti	neodore	M.D	1514 Divisio	n Street	
24A. BURIAL C	REMATION, 248.		C. NAME OF CEMETERY OF C			City, town, or county! (Stoty)
REMOVAL	(Specify!	1/22/11	mt n.	11 16	sant.	mal
1 Duri	al 11	120/65	M. OF BECKETTAN	win lo	allem	ADDRESS
25A. DATE REC	D BY HEALTH D	EPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	- 100 n	1.1 I'm and
NOV_	9 1965 /	0000	90	Willings	UST-WILL	fo / 12/11/2 Moura
VE 150 DEV 1/	1/65	L. Van Pr	And II and	1 /1	1	



BALTIMORE CITY HEALTH DEPARTMENT

RTH NO.	6	5 1.183	35 CERTIFIC	ATE OF DEATH	Registered Na.	65 11005
NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH	- UU LLOOD
ype or Print)	MERRICL	WHIT	E	No	1.12,1965	Q:00 B
PLACE OF D	EATH IN BALTIMOR	E, MARYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	Vhere deceased lived. If i	nstitution: residence before admiss
51111	0.5			Cleary Cand	ONT	- 1 Z
HOSPITAL OF	OF (If not in he oddress or	spitot or instituti tocotion)	on, give street		outside city limits, write	RURAL and give township)
INSTITUTION				To ot he	ne	
FRANK	LIN SQUA	RE HOSI	PITAL	D. STREET ADDRESS	(If rural, give location)	
				1645 W	Lauvale x	40
SEX	6. RACE		IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
KA	(1)	WIDO	WED, DIVORCED (specify)		tost bighdoyl (?)	Months Doys Hours Mi
A. USUAL OC	CUPATION (Give kind	of work 10B, KIND	1	RY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	of working life, even if re					WHAT COUNTRY?
B. FATHER'S NA	AME			14. MOTHER'S MAIDEN	MAME	
	11	1) wil	muation	ofter.	0880	
M P				13 11500	board	400000
es, no or unknov	ed Ever in U. S. Arm	or dotes of services	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1B. 9 C	4.5T		CAUSE	OF DEATH	100	INTERVAL BETWEEN
DISE	ASE OR CONDITIO	N DIRECTLY				ONSET AND DEATH
0.32	LEADING TO DI		//	chu diation	severe.	
(This daes	nat mean the ma	de of dying, e	a.g., DUE TO	ehydration,		
heart failure	e, asthenia, etc. It	means the dise	ase,		6	
injury ar co	amplication which c	aused death.)	7	u almite fro	· severe	
	ANTECEDENT CA	AUSES	(B) DUE TO			
DISEASES	OR CONDITIONS	, if any, giv		I SPUD UI O	145	
rise ta	the abave cause	(A) stating	,	0000		
UNDERLYII	NG CONDITION to	si.	0	well per	myotaloge	al
	II		6	reforetion	2	
OTHER SIG	NIFICANT CONDITIO			700,0,000		
	R CONDITION CAU		Int			
19A. DATE			OR WHICH OPERATION	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
0	WA	S PERFORMED			IN CERTIFING CA	AUSES OF DEATH?
21A. ACCID	ENT WAS UNDERLY	ING	218. PLACE OF INJURY (e.g	, in or about 21C. WHERE DIE	(If in Boltimo	ie City, give exact location)
	BUTING CAUSE C		home, form, foctory, street,	office bidg., INJURY OCCUR	?	
)						
21 D. TIME	(Month) (Doy)	(Year) (Hour)	21E, INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)			While At Work At Wo	hite		
00 1		1. 1. 2	L	7001:15	20/24 8	1 == 15
	•		ed the deceased from		1961 10 A	180/1 190
that (i) (w	e) last sow the de	ceased alive	on NVV	19 64 one	that in (my) (aur) ap	inion death occurred on the
and hour a	nd from the cause	s stated obav	e. (1) (We) (did) (did not) view the body ofter dea	th.	
23A. SIGNA					1 12 11	23B, DATE SIGNED
		10	M.D.	Attending Med.	Stoff	Zen 12. 1965
	uneses	/ Ma	are !	hys. Director	Phy s.	UN 12, 1964
23C. PHYSIC NAME	IAN'S (Type)		6 / 5 /	23D. ADDRESS	a production	was a bide
	1 1 - 1	UE, SK	TAICLET M.	D. MATERIAN DE	M 30 GGA	ARYLAND
			C. NAME OF CEMETERY OF	CHANATOR OTTE 240	LOCATION (C	(310 3, 23.01.0
A. BURIAL CI		TE 240			- FACULIAL 10	.ity. town. or county)
4A. BURIAL CI	REMATION, 248. DA	1 1 7 400f	NAME OF CEMETERS OF	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	BACDICAL	SCHOOL (Sto
AA. BURIAL CI	REMATION, 248. DA	17 196	S. NAME OF CEMETERY OF	UNIVERSITY	MEDICAL	SCHOOL
REMOVAL	REMATION, 248. DA	/ 17 196	AE OF REGISTRAR	UNIVERSITY	MEDICAL	SCHOOL
REMOVAL	REMATION, 248. DA	/ 17 196	AE OF REGISTRAR	UNIVERSITY 25C. FUNERAL DIRECTION MORTILA	MEDICAL RV SERVIC	SCHOOL
REMOVAL	REMATION, 24R. DA NO	17 196	AE OF REGISTRAR	UNIVERSITY 25C. FUNERAL DIRECT MORTUA	MEDICAL RY SERVICE	SCHOOL

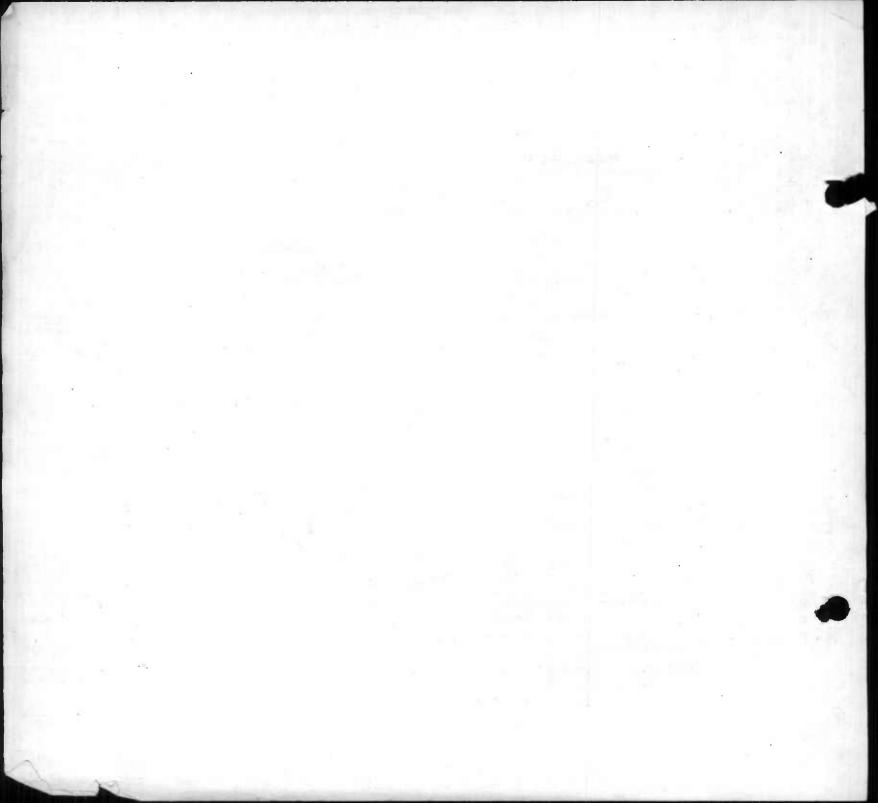


	BALTIMORE CITY HEALTH DEPARTMENT
5-14509 65 11000	CERTIFICATE OF DEATH

65	1	1	8	3	6

M.E.	H NO. 65-28509 65 1183	b CERTIFICA	ATE OF DEATH	Registered No.	(
1. N.	AME OF DECEASED		2. DATE A	ND HOUR OF DEATH	1 4 1 A F A
P	HAY BOY TO HE SON		14 USUAL RESIDENCE (Wh	ore deceased lived. If is	nstitution; residence before admission
FH	ULL NAME OF flf not in hospital or instilut OSPITAL OR address ar lacation) VSTITUTION	ian, give street	A. STATE B. COU	NTY	15-09
0	LUTHERAN HOSE MARGICAND	ITAL of	Baltimore D. STREET ADDRESS 11	rurol, give location)	
5. S	EX 6. RACE 7. MAR	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Haurs Min.
	USUAL OCCUPATION (Give kind of wark 108, KIN during mast of working lite, even if retired)		Y 11. BIRTHPLACE (State at for	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
3. 1	TATHERS NAME		14. MOTHER'S MAIDEN NA	AME	
1	Albert Johnson		TRENE	HUBBA	RD
5. V	Nas Deceased Ever in U. S. Armed Farces? , no ar unknawn) (If yes, give war ar dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18776X1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	fA)	PREMATURIT	4	7 hs.
	(This does not mean the mode of dying, heart failure, asthenia, etc. II means the disc injury or complication which caused death.)			,	
	ANTECEDENT CAUSES	fB)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	DISEASES OR CONDITIONS, if ony, gi	ving			
	UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar N	20B. IF YES, WERE	FINDINGS CONSIDERED LUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)		in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltiman	e City, give exact location)
0	21D. TIME (Month) (Doy) (Year) (Haur) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Wark At Wark		JURY OCCUR?	
	22. I certify that (1) (this hospital) attends that (1) (we) lost sow the deceased alive	on	19 6 5 ond t	hot In (my) (our) opi	
	ond hour ond from the couses stated above 23A. SIGNATURE	/e. (I) (#e) (ala not)	view the body offer death	•	23B. DATE SIGNED
	marcia Wangelis,	Ca M.D. A	ttending Med. Director	Staff Phys.	11-11-65
	23C. PHYSICIAN'S NAME (Type)	TA M.D	23D. ADDRESS		
24A		C. NAME OF CEMETERY OF C		PCANON RY LIG	Ay Vani, or caunty) (State)
	REMOVAL (Specily) NOV 16 196	*********	UNIT DONIE S	AL SCHOOL	
25A		ME OF REGISTRAN	Sond MUNERAL DIRECTO	CEDUICE	ADDRESS
	NOV 19 1965 (P.O. A. E.	tarber M.A.	WILLKILLAKY	NERVILE -	BCHD

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shows: (1) An accident of any nature; (2) Body

the body was released to the hospital by

approved by

certificate

(4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print?" 11-18-65 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A, STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND before admission) FULL NAME OF (If not in hospital or institution, give street oddress or location) HOSPITAL OR CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Himore (If rural, give location) ADDRESS Poplar TYOVE 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Days WIDOWED, DIVORCED (specify) Hours lost birthday) Widowed KIND OF BUSINESS OR 10A, USUAL OCCUPATION (Give kind of work 10B, KIND BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. n.c. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ever in U. S. Armed Forces 15. Was Deceased ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NO Daltimore CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH arteriosclerosis Teneralized (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED No 21A. ACCIDENT WAS UNDERLYING Ü 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact lacation) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined MEDIC 21 D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from -18-19(25 that (1) (we) last saw the deceased alive on 11-17. and that In(my) (aur) apinian death accurred on the date and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. M.D. Med. Stoff Director Phy s. 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS ample 1618 W.N 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMINATORY (City, town, or county)

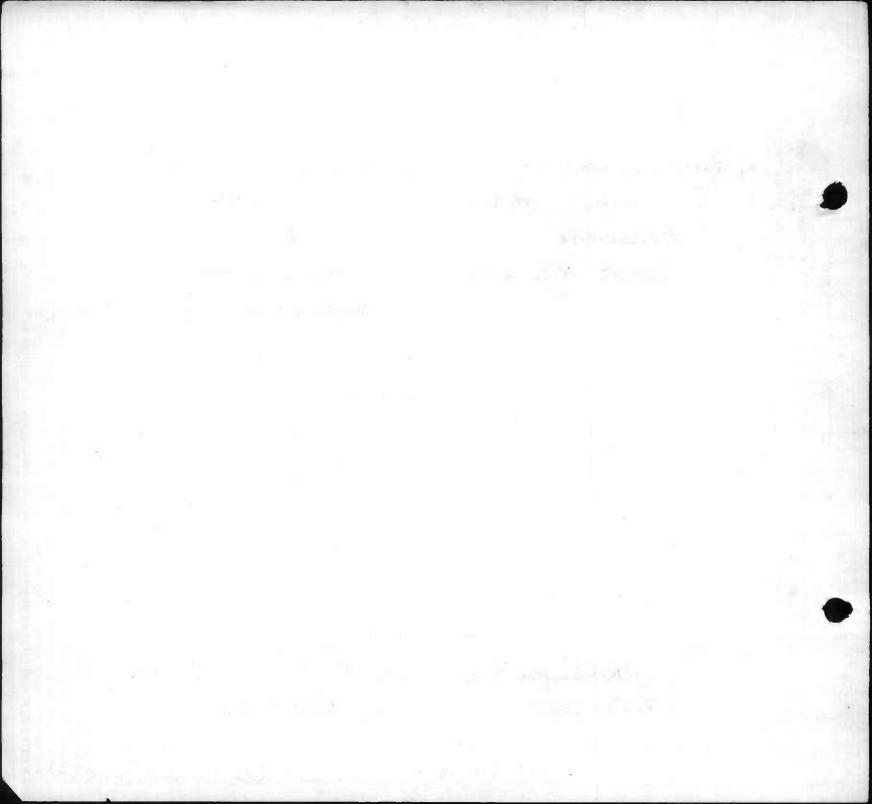
VS 150-REV. 1/1/65

BUYIAL //- 22 25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF

-211-63

25C. FUNERAL DIRECTO



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BALTIMORE	CITY	HEALTH	DEPARTMENT

65 11838 Registered Na SIRTH NO CERTIFICATE OF DEATH M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) November 16,1965 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (If outside city limits, write RURAL and give (If rurol, give location) is made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In veors If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specily) lost birthdov) Widawld 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF BIRTHPLACE (State or foreign country) WHAT COUNTRY? done during most of working life, even if retired) 450 Baltimore City 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC/ 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an.... 19 and that in(my) (aur) opinion deoth occurred on the date and haur and fram the causes stated obave. ((We) (did) (view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. Phys. Director approval 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) B. Ann Ward 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specily) written 11/19/1965 Burial Western Cemeterv

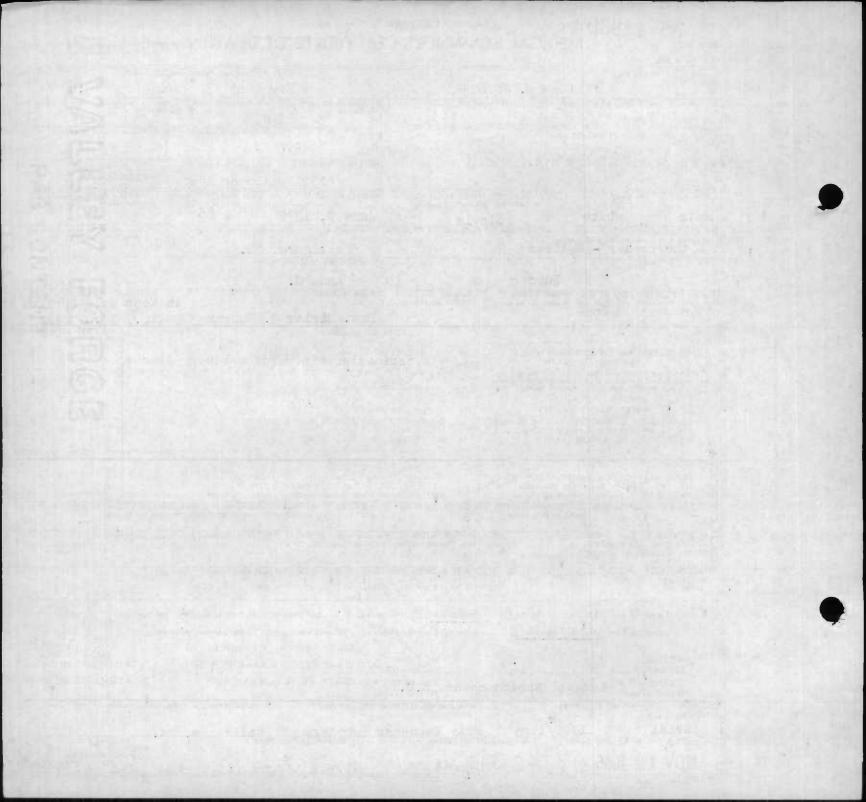
25C. FUNERAL DIRECTOR

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Baltimore, Maryland

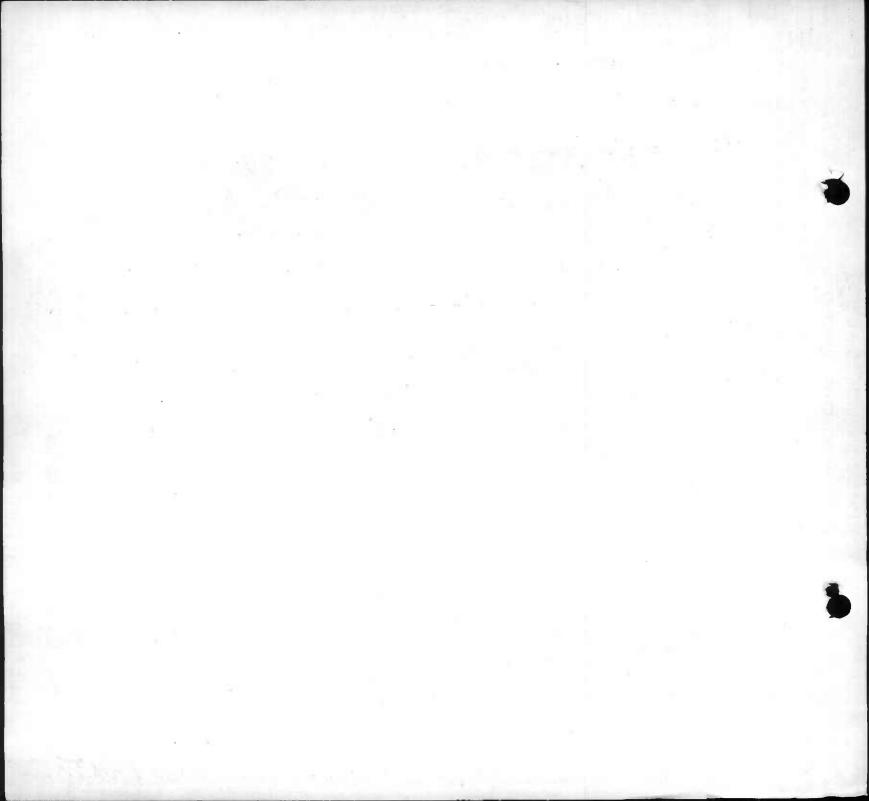
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	e or Print)		TTTTAM	M. SNY	THER			per 18, 196		10.00 A
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			, ,,	TERE TROTTO		A. STATE	ryland	B. COL	INTY	
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INS	TITUTION					Ba	1timore		Towns where	176
0	330	1 Walbr	ook Av	e.		D. STREET ADDI	RESS (If rurol,	give locotion)		
						33	01 Walbı	cook Ave.	16	
5. 9	EX	6. RACE		7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTI	Н	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
n	ale	white	e		DIVORCED (specify)	June 9,	1879	86	Months	Poys Hours Min.
104	USUAL OCC	UPATION (Give	kind of work	108. KIND OF	ngle Business OR INDUSTRY				12. CITIZEN	N OF
don	Li thogra	working life, eve apher -	Retired)	ed		Baltin	more, Mo	1.	WHAT	COUNTRY?
	FATHER'S NAM				CIED TO	14. MOTHER'S M				
			Sn	yder		Anna	М.			
15.	WAS DECEASE	ED EVER IN U	S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT		7.1	ADDRESS	210
(Ye	No or unknown	o) (If yes, give Nor		s of service)	SECURITY NO.	M 1/4				Cold Spring
	18. // /)	71 7			0.411.5	Mrs. Mar	lam G. P	icurane Ba		Id. 10 Lane
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	DISEA	SE OR COND	DITION DIE	RECTLY	Artori	osoloroti	o cordi	ovascular d	icasca	
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8	OTHER SIG	NIFICANT CO	NDITIONS	CONTRIBUTION	NG				31.94	
Ě		DEATH BUT			H t		************			
CERTIFICATION	19A. DATE OF	PERATION	198. CON		WHICH OPERATION	20A. AUTOPSY		OB. IF YES, WERE FI		
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V	UNDERLYING	CAUSE WA	-	21 B.	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. V	VHERE DID (I	f in Boltimore City, gi	ve exoct loc	otion)
EDIC	UTING CAU	SE OF DEATH	i.	etc.)						
Σ	21 D TIME	(Month) (D	oy) (Year)	(Hour) 2	1E. INJURY OCCURRED	21F. HC	DENI DID WC	RY OCCUR?		
	OF INJURY (APPROX.)			v	VHILE AT NOT	WHILE				
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		tify that I he	eld an Ir	nquiry	Inspection X Aut	opsy	d that an this	s basis, death in r	ny opinian	
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		1	111	1	- ()	CHIEF M	EDICAL EX	AMINER		DATE SIGNED
	ACTUA SIGNAT		1/21	11Cu	1 M HAND	ASSISTANT M	EDICAL EX	AMINER X		DATE SIGNED
A	EXAMIN	.==:=/	1	D		ASSOCIATE M			11-18-6	65
	NAME (Type) Ku	aiger	Breiten	ecker, M.D.					IVE OF THE REAL PROPERTY.
	BURIAL CRE		B. DATE	23	C. NAME OF CEMETERY	CREMATORY	23D. LC	CATION (City	, lown, or co	uniy) (Slote)
	Burial		1/20/	1965	Holy Redeeme	r Cemetem	r B.	ltimone M	d	
24/		BY HEALTH		24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ltimore, M	AD	DORESS MAN
	NOV 1	9 1965	00	A 2 3	0 00	har. A	7',	. , 8	130	Ito, ma.
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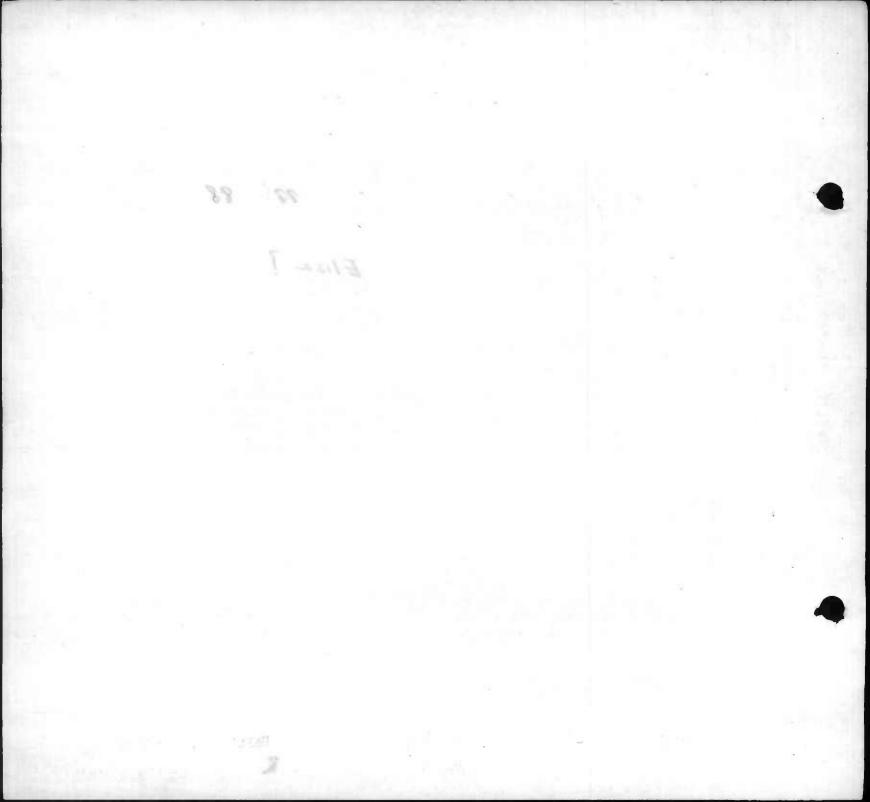
VS 150-REV. 1/1/65

Type or Print) Alice H.	162 1 7	2, DATE AND HOUR OF DEATH	-/
	Miller	November 18, 1965 1/0 -	14
PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before A. STATE B. COUNTY	ore odmissi
FULL NAME OF (If not in hospital or oddiess or location)	institution, give street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give towns	hip)
Wesley Home		Baltimore	
	e Avanua	D. STREET A OORESS (If rurol, give location)	
2211 West Roger Baltimore, Mary	land 21209	2211 West Rogers Avenue 9	
Female White	MARRIED, NEVER MARRIE WIDOWED, DIVORCED (Sp Widowed	Decify) B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Months Ooys Hou	Under 24 H
10A. USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired) Housewife	B. KIND OF BUSINESS OR II		IY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Harrison G. Nicholson		Annie G. Oren	
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give wor or dotes	s? of service) 16. SOCIAL SECURITY N 218-52-2		
18. 11. 11. 2 Y	, C	AUSE OF DEATH INTERVAL B	ETWEEN
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(This does not mean the made at d	ying, e.g., DU	E TO	***************************************
hearl failure, asthenia, etc. It means th	e disease,		
injury at camplication which caused d	ealh.)	1/ d. T	
ANTECEDENT CAUSES	(B) 2	FIDERUSINE CARREA NO CULAR	
DISEASES OR CONDITIONS, if an	v. giving		
rise la lhe abave cause (A) s		Alsegre	
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING ED TO THE		3
DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION 19B. CONDITION WAS PERFO	TION FOR WHICH OPERATION	ON 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?	D
	218, PLACE OF INJE	JRY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact loca	
WAS PERFO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory,	street, office bldg., INJURY OCCUR?	tion)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, etc.)		tion)
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) OR CONTRIBUTING (Month) (Doy) (Year)	home, form, foctory, etc.)	RRED 21F. HOW DID INJURY OCCUR?	tion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCUI While At Work	RRED 21F. HOW DID INJURY OCCUR? Not While At Work	tion)
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O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) that (I) (we) last sow the deceased	(Hour) 21E INJURY OCCUMENT Work Octended the deceased for olive an	RRED 21F. HOW DID INJURY OCCUR? Not While At Work om 3 Deficients 1965 to 18 Normative results 1965 ond that In(my) (our) opinion death occurred	19 63
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) 21D. TIME (Month) (Day) (Year) 22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and haur and fram the causes states	(Hour) 21E INJURY OCCUMENT Work Octended the deceased for olive an	RRED 21F. HOW DID INJURY OCCUR? Not While At Work om 3 Sufficient 1965 to 6 Morentum runtum 1965 ond that In(my) (our) opinion death occurred id not) view the bady after death.	19 63
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) that (I) (we) last sow the deceased	home, form, foctory, etc.) (Hour) 21E. INJURY OCCU While At work ottended the deceased frolive an d abave. LY (We) (did) (d.)	RRED 21f. HOW DID INJURY OCCUR? Not While At Work Tom 3 Sufficient 1965 to 6 Morentum Tuntum 1965 ond that In(my) (our) opinion death occurred that it is not yiew the bady after death. 238. DATE SIGNED	19 63
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) 21D. TIME (Month) (Day) (Year) 22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and haur and fram the causes stated and haur and fram the causes stated and haur and Fram the Causes stated and Fram th	home, form, foctory, etc.) (Hour) 21E. INJURY OCCU While At work ottended the deceased frolive an d abave. LY (We) (did) (d.)	Not While At Work Tom 3 Stephender 1965 to 18 Morenter Town 1965 ond that In(my) (our) opinion death occurred id not) view the bady after death. 238. DATE SIGNED A.D. Attending Med. Stoff	19.63
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) 21D. TIME (Month) (Doy) (Year) 22. I certify that (I) (this hospital) that (I) (we) last sow the deceased and haur and fram the causes stated and haur and fram th	home, form, foctory, etc.) (Hour) 21E. INJURY OCCUI While At Work ottended the deceased frolive an d abave. (H) (We) (did) (did) WABY 24C. NAME of CEMETE	RRED 21 F. HOW DID INJURY OCCUR? Not While At Work Om Shiftender 19 65 to Shortender Om 19 65 ond that In(my) (our) opinion death occurred id not) view the bady after death. A.D. Altending Med. Stoff Phys. 238. DATE SIGNED Phys. Director Phys. 14 Mor 65 M.D. 153/ Fhorth One Baltimore Md 2/2/3 RY or CREMATORY 24D. LOCATION (City, lown, or county)	19 63
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noify medicol exomine) 21D. TIME (Month) (Doy) (Year) 22D. TIME (Month) (Doy) (Year) 23D. TIME (Month) (Doy) (Year) 24D. TIME (Month) (Doy) (Month) (Doy) (Month) (Doy) (Month) (Doy) (Month)	home, form, foctory, etc.) (Hour) 21E. INJURY OCCUI While At ottended the deceased ft olive an d abave. LHY (We) (did) (d) NA 13 / 24C. NAME of CEMETE Woodlawn (558. NAME OF REGISTRAR	Not While At Work Tom 3 Sufficient 1965 to 6 Morentum Touth 1965 ond that In(my) (our) opinion death occurred that of view the bady after death. A.D. Attending Med. Stoff Phys. 230. ADDRESS M.D. 153/ Florth Che Baltimore Md 2/2/3 RY or CREMATORY 24D. LOCATION (City, Iown, or county) Ceme tery Woodlawn, Md. 25C. FUNERAL DIRECTOR	19 6
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noify medicol exomine) 21D. TIME (Month) (Doy) (Year) 22D. TIME (Month) (Doy) (Month) (Doy) (Month) (Doy) 22D. TIME (Month) (Month) (Month) (Month) (Month) (M	home, form, foctory, etc.) (Hour) 21 E. INJURY OCCUI While At Work ottended the deceased ft olive an d abave. (H) (We) (did) (d.) WABY 24C. NAME of CEMETE Woodlawn (RRED Not While At Work Tom 3 Desteuler 1965 to 18 Marueler Town 1965 ond that In(my) (our) opinion death occurred id not) view the bady after death. A.D. Attending Med. Stoff Phys. 230. ADDRESS M.D. 153/ Enoth Ore Baltimore Md 2/2/3 RY of CREMATORY 24D. LOCATION (City, lown, at county) Ceme tery Woodlawn, Md.	19 63



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased C. FUNERAL DIRECTOR: IMPORTANT

CERTIFICATE OF DEATH INAMED PERSON		65 11841	BALTIMORE CITY	HEALTH DEPARTMENT		OF ALOMA
I. MARIE OF DELATE IN DELATE AND HOUR OF DEATH I. CONTRIBUTING I. STATE AND HOUR OF DEATH I. CONTRIBUTING I. STATE AND HOUR OF DEATH I. CONTRIBUTING I. STATE AND HOUR OF DEATH I. MOTHER MAIDEN HAME I. MOTHER MAIDEN		H NO.	CERTIFICA	TE OF DEATH	Registered Na	03 11841
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23A. SIGNATURE 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Tyle) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) Burial 11-20-65 Mt. Auburn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR MARYLAND ADDRESS		and have and from the causes stated above. (1) (V	e) (did) (did not)	view the body after death.		
23C. PHYSICIANS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 11–20–65 Mt. Auburn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Address	1 1		, (, ()	The easy arrest would		228 DATE SIGNED
23C. PHYSICIANS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (S Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR		KIL MAL SAA	1	anding = / Mad =	Cto#	11/10/1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (S Burial 11-20-65 Mt. Auburn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR MARYLAND ADDRESS		All (Man YVur)	1M Phy	s. Director	Phy s.	11/14/65
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (S Burial 11-20-65 Mt. Auburn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR MARYLAND ADDRESS		23 C. PHYSICIANYS	MURCH	23D. ADDRESS		
REMOVAL (Specify) Burial 11-20-65 Mt. Auburn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		NAME (Type)		X		
REMOVAL (Specify) Burial 11-20-65 Mt. Auburn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		JOUE WISH	Abon At. D.	U		
Burial 11-20-65 Mt. Auburn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	24A	BURIAL CREMATION, 248. DATE 24C. NAME	OF CEMETERY OF CR	EMATORY 24D. LC	CATION (City	, town, or county) (S
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		D 1 2 22 00 /# 45	d the Fu			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS				Ea	timore. Mar	vland
I NUV 19 1900 (1) In E. Jaskenha () is a hel and your XOZ-X Madiana	25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		NUV 19 1965 (1) D. F. E. 40	ASEU HA	1. A a si of ()	aux Xoz	1-8 Madison
	VS	150-REV. 1/1/65		1 1 2		



Such

BALTIMORE CITY HEALTH DEPARTMENT	Registered No. 65 11842				
BIRTH NO. 65 11842 CERTIFICATE OF DEATH	ATE OF DEATH Registered No.				
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AN	ND HOUR OF DEATH				
	-18-65 17:45 A.M.				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Who	ere deceased lived. If institution: residence before admission)				
FULL NAME OF (If not in hospital or institution, give street) MARYLAN	10-01				
HOSPITAL OR address or lacotion) INSTITUTION LITTLE SISTERS OF THE POOR C. CITY OR TOWN (III au BALTIMO	Itside city limits, write RURAL and give township)				
LITTLE SISTERS OF THE PORT BALTIMO	rural, give lacation)				
BALTIMORE MARYLAND 21202 1200 VA 5. SEX 6. RACE 17. MARRIED, NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years II Under 1 Yr. If Under 24 Hrs.				
	9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
TEMPLE NEGRO WIDOWED MIRIT 6, 1900	ign country) 12, CITIZEN OF				
done during mast of working life, even if retired)	WHAT COUNTRY?				
SCHOOL JANITRESS BALTIMORE	Mp. U.S.A.				
13. FATHER'S NAME	,				
7.7.7.4.1.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	NKNOWN				
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT (Yes, no ar unknawn) (If yes, give wor or dates of service) SECURITY NO.	ADDRESS 1200 VALLEY ST				
NO 220-05-2895 WITTLE SISTER	RS OF THE FOOR BALTIMORE, MI				
18. 420 1 1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DECETS DECETS	nary thrombosis				
(This does not meon the made of dying, e.g., DUE TO	many in omeosis				
heart failure, asthenio, etc. It means the disease, injury or camplication which coused death.)	γ				
ANTECEDENT CAUSES (B)	Ciono				
DISEASES OR CONDITIONS, if any, giving					
rise to the above cause (A) stating the (C)	ou syngrous				
ONDERETING CONDITION (65).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID	a) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AND A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A STATE OF INJURY AS A SCIPTINI WAS UNDERLYING TO A SCIPT	(If in Boltimore City, give exact location)				
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	iir in bollimore City, give exact locononi				
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJ	JURY OCCUR?				
(APPROX.) Wark L At Work L					
	1965 to 11.18 1965				
that (I) (we) lost sow the deceased alive on 1/1 1965 and the	hot In (my) (our) opinion death accurred on the date				
ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.					
23A. SIGNATURE	23 R. DATE SIGNED				
Hankey of M.D. Allending Med. Director Director	Staff Phys. \(\square\) \(\square\) \(\square\) \(\square\) \(\square\) \(\square\)				
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	A. B. A.				
DR. STANLEY ANKUDASM.D. 1802 W. Be	el to part 33.				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. L	LOCATION (City, lawn, ar caunty) (State)				

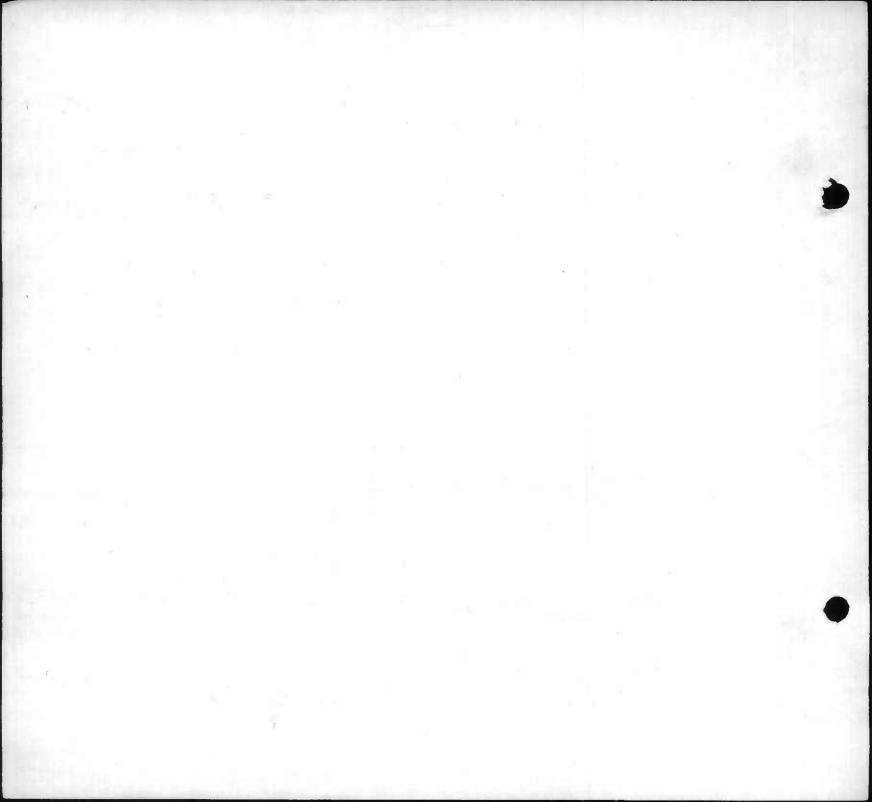
25C. FUNERAL DIRECTOR

ADDRESS

258, NAME OF REGISTRAR

NOV 19 1965

VS 150-REV. 1/1/65



9:00 a. sidence before odmission)

and give township)

er 1 Yr. If Under 24 Hrs.

INTERVAL BETWEEN ONSET AND DEATH

1	BALTIMORE CITY HEALTH DEPARTMENT 65 11843 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
-650	M.E. CASE NO. 1. NAME OF DECEASED (Type of Print) 2. DATE AND HOUR PRONOUNCED DEAD (Type of Print)
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before of Maryland
	HOSPITAL OR INSTITUTION (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (If NOT IN HOSPITAL OR INSTITUTION (If outside corporate limits, write RURAL and give towns) Baltimore
	Hopkins Hospital D. STREET ADDRESS (If rurol, give locotion) 1510 E. Madison St.
	male colored 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months. Doys Hours
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME THE STORY S
	(Yes, no orunknown) (If yes, give wor or dotes of service) SECURITY NO.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying e.g., heart followe, osthenic, etc. If meons the disease, injury or complication which coused death.) CAUSE OF DEATH (A) Stab wound of chest involving pulmonary artery (A) DUE TO
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISSASE OF CONDITION CAUSING IT
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
	DUNDERLYING GOR CONTRIB- OUTING CAUSE OF DEATH. Comparison for contribution of contributio
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) 11 14 65 8:30 a. WHILE AT NOT WHILE AT STABBED in chest

Autopsy X ond that on this bosis, death in my apinion Sulcide Hamicide X Undetermined manner

CHIEF MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

11/14/65

NAME (Type) Spitz. M.D. 23A, BURIAL CREMATION,

Inspection

Accident

(City, town, or

I certify that I held an Inquiry

resulted from: Notural causes

DATE SIGNED

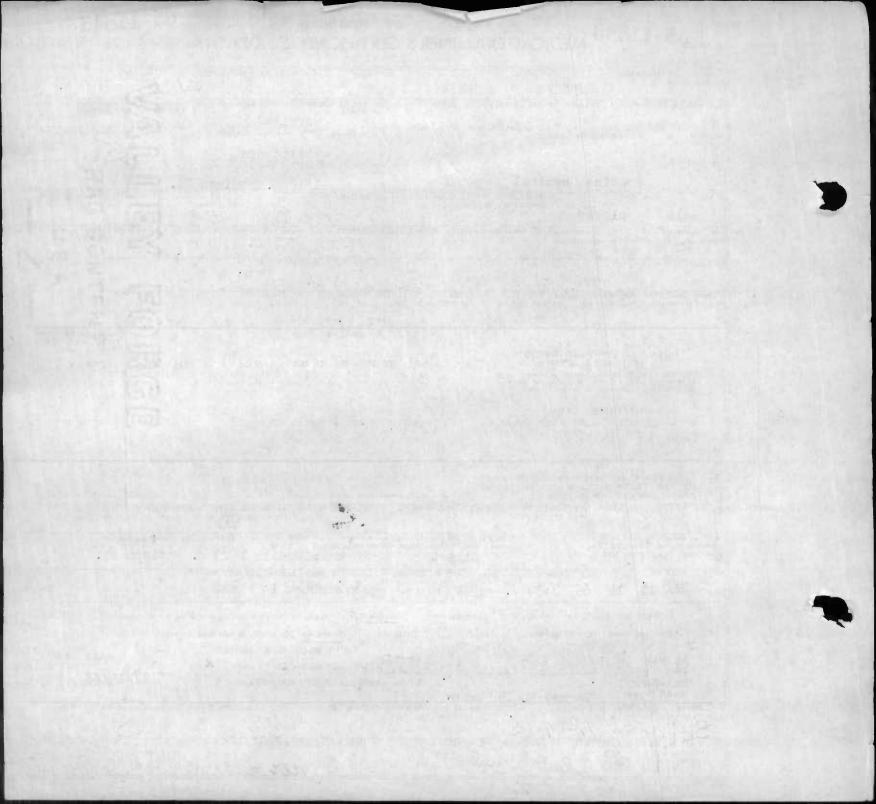
VS 151-REV. 1/1/65

22.

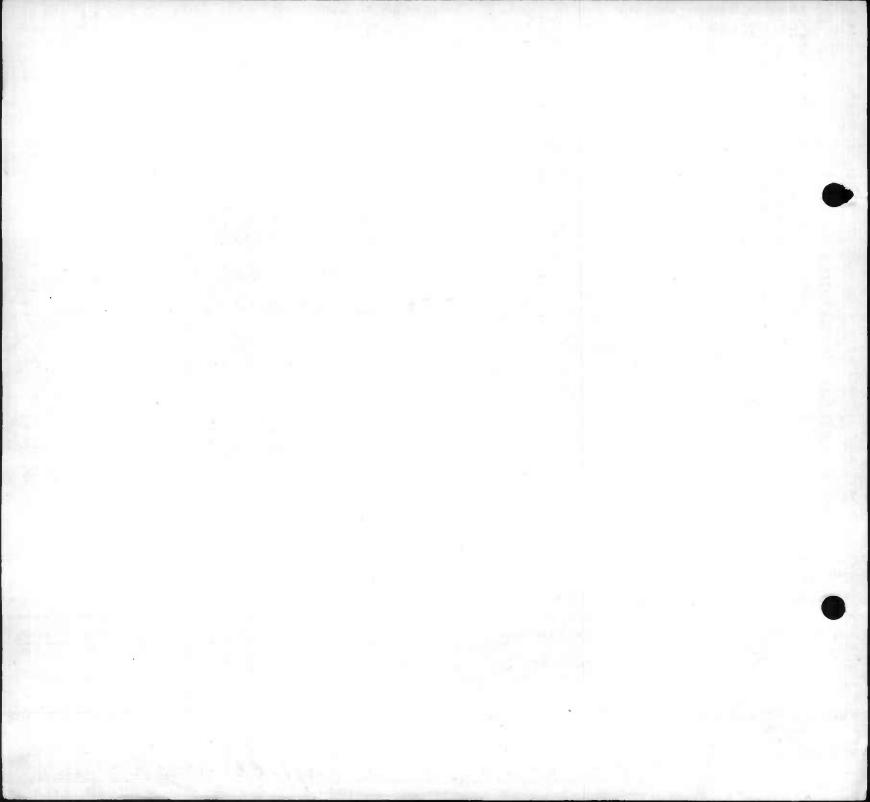
ACTUAL SIGNATURE

EXAMINER'S

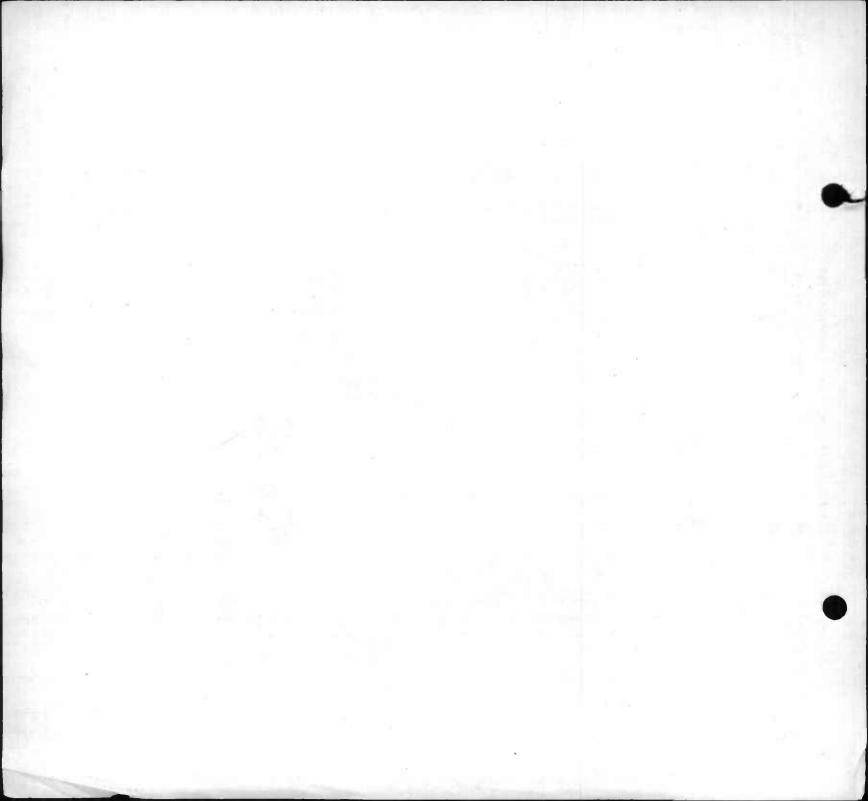
REMOVAL (Specify)



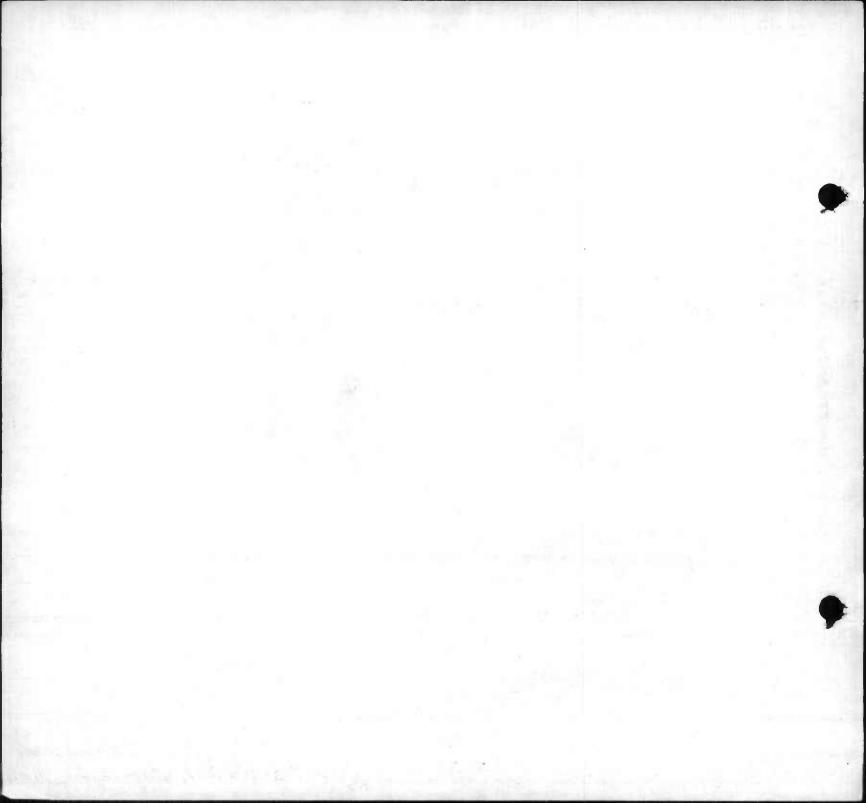
		HEALTH DEPARTMENT
	M.E. CASE NO. 65 11844 CERTIFICA	TE OF DEATH Registered No.55 11844
	NAME OF DECEASED Davis, Lawrence	2. DATE AND HOUR OF DEATH 11 - 16 - 65 5 25 AM.
11	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street)	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence belove admission) A. STATE B. COUNTY
7	HOSPITAL OR oddiess or location) Universely the spelat	C. CITY OR TOWN (If outside city limits, wife RURAL and give township) Ballamore
e.		D. STREET ADDRESS (If rurol, give location) 2018 Presbury St - Balls M2 2/2/6
BBE	5. SEX Colored 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married.	8. DATE OF BIRTH 2-17-26 9. AGE (In years lost birthdoy) 9. AGE (In years Months) 1. Under 1 Yr. If Under 24 Hrs. Months Months Doys Hours Min.
Isposition Is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) POVTET + STOCK Clerk 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) BALTIMORE, MARY/AND 14. MOTHER'S MAIDEN NAME 12. CITIZEN OF WHAT COUNTRY? U.S. A
dispo	CHARLES DAVIS 15, Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Henrietta GROSS ADDRESS
Linai	(Yes, no or unknown) (If yes, give wor or dotes of service)	MRS ELEANOR DAVIS 2018 PRES buryst
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
embaimed	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. If means the disease, injury ar camplication which caused death.)	RTORATED DUODULCER 7 DAYS
are	ANTECEDENT CAUSES OUE TO DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) staling the (C) UNDERLYING CONDITION last.	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	-B
e the	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED LOS UR & OL DUOD UCA	
betore	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i or contributing CAUSE OF CAUSE OF	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?
ained	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED Whife At Not While At Work At Work	
be obto	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an	19 65 to 1/2 6 19 65 19 65 and that in(my) (aur) apinion deoth accurred an the date
must	ond have and from the couses stoted above. (I) (We) (did) (did not) of the state of	ending Med. Stoff Phys. 238, DATE SIGNED
approval	23C.PHYSICIAN'S NAME (Type) Nabil F. Warsal M.D.	23D. ADDRESS
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	MATORY 24D. LOCATION (City, town, or county) (State) Memetery Battimore, Maryland
written	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR NOV 19 1965 P. R. C. T. D. C.	25C. FUNERAL DIRECTOR ADDRESS
	VS 150-REV. 1/1/65	



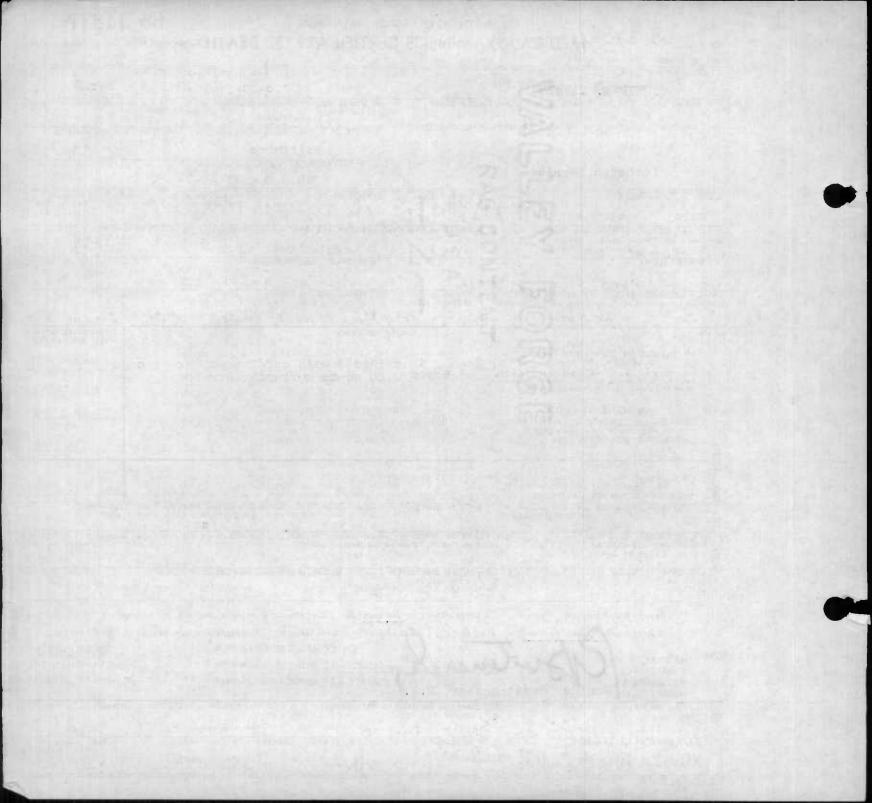
		HEALTH DEPARTMENT		
BIRTH NO. 65 1184	CERTIFICA	TE OF DEATH	Registered Na	65 11845
M.E. CASE NO.			D HOUR OF DEATH	
(Type or Print) DAVID MCE	Ween		11/16/165	810 0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	10001			institution; residence before admission)
		A. STATE B. COUNT	TY	4.25
FULL NAME OF (If not in hospital or instituted and the hospital OR oddress or tocotion)	ion, give street	C. CITY OR TOWN (If outs	side city timite write	PLIPAL and sive tower (Sa)
INSTITUTION		B-11'	nde chy mints, wite	NORME ON GIVE TOWNSHIP!
University Hospit	AC	D. STREET ADDRESS (If I	urol, give location)	
		731 W. Fai	lette ST.	
	RIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	NOCEC (specify)	6630	ost birthdoy)	Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired)		S. Coreolina		WHAT COUNTRY!
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1 E	u.s.,
John McElveen		Alma?		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of serv	SECURITY NO.	+ May Theland	mo1	1 1111111111111111111111111111111111111
NO 18.	CAUSE 0	TIMS / MEIMIA	- 1110 Kh	VEEN 646W. FRANKINS
DISEASE OR CONDITION DIRECTLY	CAUSE			ONSET AND DEATH
LEADING TO DEATH	in Tuke	eculosis Dissen	ninated ted)	2 months
(This does not mean the made of dying,		(C.,copr-	Hed)	
heart failure, asthenia, etc. It means the disc injury or complication which coused death.)	ase,	Courte	(Ca)	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi				
rise to the abave cause (A) stating UNDERLYING CONDITION tast.	The (C)			
III				
OTHER SIGNIFICANT CONDITIONS CONTRIBL				
O THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
		CAIS?	40	es
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Doy) (Yearl (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Work Not While At Work			
22. I certify that (I) (this hospital) attend	ed the deceased from	11 13 1	9 65 to	11/16 1965.
that (I) (we) last saw the deceased alive				
and hour and fram the causes stated above				
23A. SIGNATURE	at (i) (we) (did) (dis-list)	view the budy offer death.		23B. DATE SIGNED
Zalman S. Agu	M.D. Att	ending Med.	Stoff -	11/16/65
23C. PHYSICIAN'S	Phy	23 D. ADDRESS	Phys.	1010102
NAME (Type)	9145 M.D.	University	Hospit	
24A. BURIAL CREMATION, 24B. DATE 24	CNAME OF CEMETERY OF CR			
REMOVAL (Specify)	Intal	1 -6 900	15477	City, town, or county) (Stole)
DUKIAN 11/20/60 1	in winamy	emusy //	sipor (Buremas / 1116)
NOV 10 1005 A	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	the state of	ADDRESS 16
100 TA 1909 15 C P &	Locatha	Jusept -	pense	2222W. 1108111400

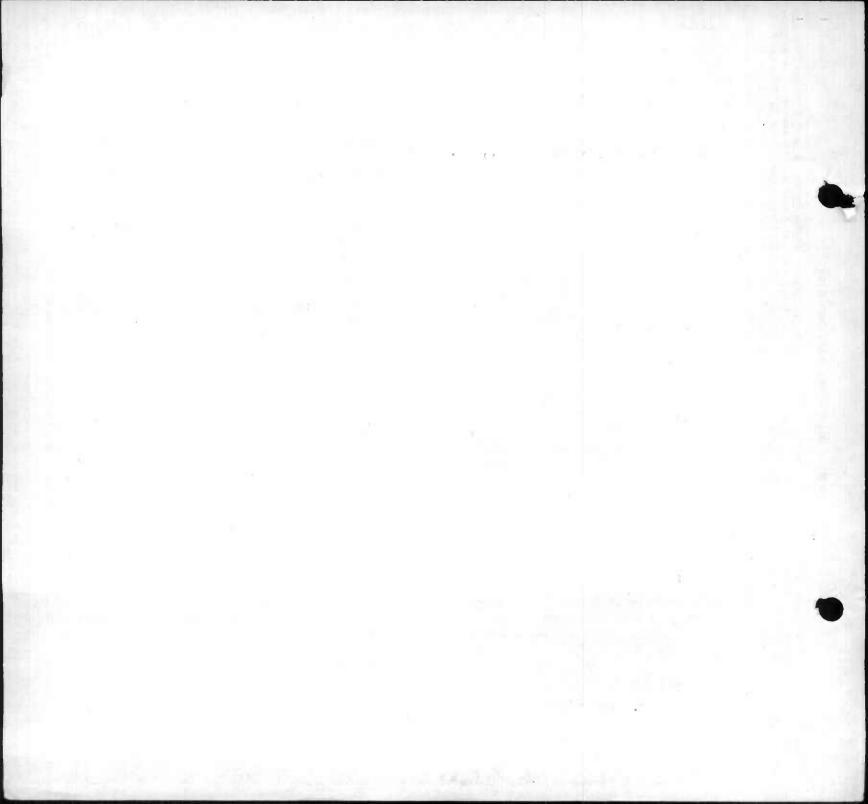


	05 440	10	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	
BIRTH NO.	65 118	46	CERTIFICA	TE OF DEATH	Registered Na.	65 11846
M.E. CASE NO.	D	11	6	2. DATE	AND HOUR OF DEATH	10.10
(Type or Print)	E2WOOD	HA	PRRIS -		11/14/65	12 45 pm.
3. PLACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WA. STATE 8. CO	here deceased lived. If i	institution: residence before admission)
FULL NAME OF	(If nat in hospital	aı institutian, gı	ve street	MARYLAN		Umchustry.
HOSPITAL OR	address ar location	1)				RURAL and give township)
20	DNIVER	PSITY		STOCKTON	(If wind a land)	13-00
58		. ,			(If rurol, give lacation)	
5. SEX 6. R	ACE	7 MARRIED I	NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 His.
11	10/		DIVORCED (specify)	2/12/12	last birthdoy)	Months Days Haurs Min.
IOA. USUAL OCCUPAT	ION (Give kind of wark	10B, KIND OF	BUSINESS OR INDUSTR'	11. BIRTHPLACE (State or fo	oreign cauntry)	12, CITIZEN OF
done during most of working	ng life, even il retired)		-	1/ .		WHAT COUNTRY?
13, FATHER'S NAME	enter_			14. MOTHERS MAIDEN N		UST.
13. PATHER'S NAME		11	/	14. MOTHER'S MAIDEN N		/
17000	15705 5	AAC (T	ARRIS	DEULAH	MAY N	
15. Wos Deceased Ever (Yes, na or unknown) (If y	es, give wor or date	ces? s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
No			218-10-2054	WIFE . L	00152	3000
18.4/0)			CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	R CONDITION DIR	RECTLY	15	the state of the s	0.	26
	nean the made of	dying, e.g.,	(A) DUE TO	HEUMATIC (1EM	a GISENSE	2392
	enia, etc. It means itian which caused		e	MITGAL STEND.	sis & INSUFFIC	cienty
	CEDENT CAUSES		(B)	& HORTIC ST	78208ES	
DISEASES OR C	CONDITIONS, if	any, giving	DUE TO		0	10,40
	bave cause (A)		(C) - //	ITAAR VALUE	KEPLACEME	75 48 HR
UNDERETING CO	ONDITION 1651.					
OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING				
OTHER SIGNIFICATO THE DEATH DISEASE OR CON	BUT NOT RELA	TED TO THE				
19A. DATE OF OPE	RATION 198 CON		HICH OPERATION	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
	65	MITTHE	(NSOPE.	yes		
OR CONTRIBILITIAL	AS UNDERLYING	home etc.)	, form, foctory, street,	in or obout 21C. WHERE DID office Mdg., INJURY OCCUR?	(It in Boltimo	re City, give exact lacotion)
DEATH (notify med						
S OF INJURY	nth) (Doy) (Year)	While	INJURY OCCURRED B At Not Whi	21F. HOW DID I	NJURY OCCUR?	
(APPROX)		Work	At Wark			
22. I certify that	(1) (this haspital) attended the	e deceased fram		19 6 J ta	12-14-199 1
that (1) (we) last	saw the decease	d alive an	11-14	1967and	that ir(m) (aur) op	inian death accurred an the date
	m the causes stot	red abave. (1)	(We) (did nat)	view the bady after deat	h.	
23A, SIGNATURE)				5. "	23B. DATE SIGNED
/	Jewis W	· Yoll	M.D. At		Stoff Phys.	11-14-65
23C. PHYSICIAN'S NAME (Type)	11	,		23D. ADDRESS		/
1	NEVINS U	V- 100,	M.D.	V /	msiry H	SPITAL
24A. BURIAL CREMAT	ON, 24B. DATE	24C.NA	ME of CEMETERY or-OF	EMATORY 24D.	LOCATION	City, town, or county) (Stote)
BURIAL	11-18-19	965 TOR.	ERVILLE /	METHOISIST	STOCKTON.	MARYLAND
25A. DATE REC'D BY	HEALTH DEPT.	258. NAME OF		25C. PUNERAL DIRECT	OR 1	ADDRESS
NUV 19 1	202 (16 Ren)	D 5. da	man, ma	Sheet A.	wason,	TOCOMOKE CITY, MD
VS 150-REV. 1/1/65					9	



65 11847AED	BALTIMORE CITY HEAL	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	TCAL EXAMINATES C	EKTITICATE OF DEATH MAGNITURE
T. NAME OF DECEASED		2, DATE AND HOUR PRONOUNCED DEAD
BRAVID W. HARRI	rs.	November 18, 1965 9:38 A
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY
FULL NAME OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If autside corporate limits, write RURAL and give tawnship)
HOSPITAL OR ADDRESS OR LOC.	ATION)	Baltimore 15-09
Lutheran Hosp	ital	D. STREET ADDRESS (If rural, give location)
Datite at 1100p.		4019 Duvall Ave.
5. SEX 6. RACE male negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	Aug- 5-1930 9. AGE (In years If Under 1 Yr. If Under 24 Hrs Months Doys Haurs Min.
to A. USUAL OCCUPATION (Give kind of word done during most of working life, even if retired)	THE TOB. KIND OF BUSINESS OR INDUSTRY	WHAT COUNTRY?
MATHER'S NAME		WARRENTON, N. C. U.S.A.
Richard H	. Harris	Portia Jenkins
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no grunknown), (If yes, give wor or dot		17. INFORMANT ADDRESS
YES KoreAn		Mrs. LANELL HARRIS 4019 DUVAL AVE
118. 44 0 0 1		OF DEATH INTERVAL BETWEEN
DISEASE OF COMPITION D	UBECT! V	ONSET AND DEATH
DISEASE OR CONDITION D LEADING TO DEAT	Arter	iosclerotic cardiovascular disease
(This daes not mean the made o heart failure, osthenia, etc. It mean	dying e.g. Burton Wi	th acute coronary thrombosis
injury or complication which caused	de oth.)	
ANTECENDENT CAUS	ES	
DISEASES OR CONDITIONS, IF	ANY, GIVING (8)	
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	STATING THE	
Z	(C)	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CO		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE		
E DISEASE OR CONDITION CAUSIN	G IT	
19A. DATE OF OPERATION 19B. COL	NDITION FOR WHICH OPERATION RFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		yes yes
O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)	in ar about 21 C. WHERE DID (If in Baltimare City, give exact location) affice bldg., INJURY OCCUR?
21D TIME (Manth) (Day) (Yes	or) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.)		WHILE
22.	m. WORK LAT W	
I certify that I held on	Inquiry Inspection Au	topsy X and that on this basis, death in my opinion
resulted from: Natural co	ouses X Accident Spicid	le Homicide Undetermined manner
13.1	0 ()	CHIEF MEDICAL EXAMINER
ACTUAL (//	Her Greath	ASSISTANT MEDICAL EXAMINER 🗵
SIGNATURE C		ASSOCIATE MEDICAL EXAMINER 11-18-65
EXAMINER'S Rudiger	Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	D 11
BuriAL 11-20	2-65 DAlto. NAT	ional Daltimore Md.
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NOV 19 1965 Role	A. E. Janley M.M.	MORTON & Dyett 1701 LAYRENS ST
VS 151-REV. 1/1/65		V

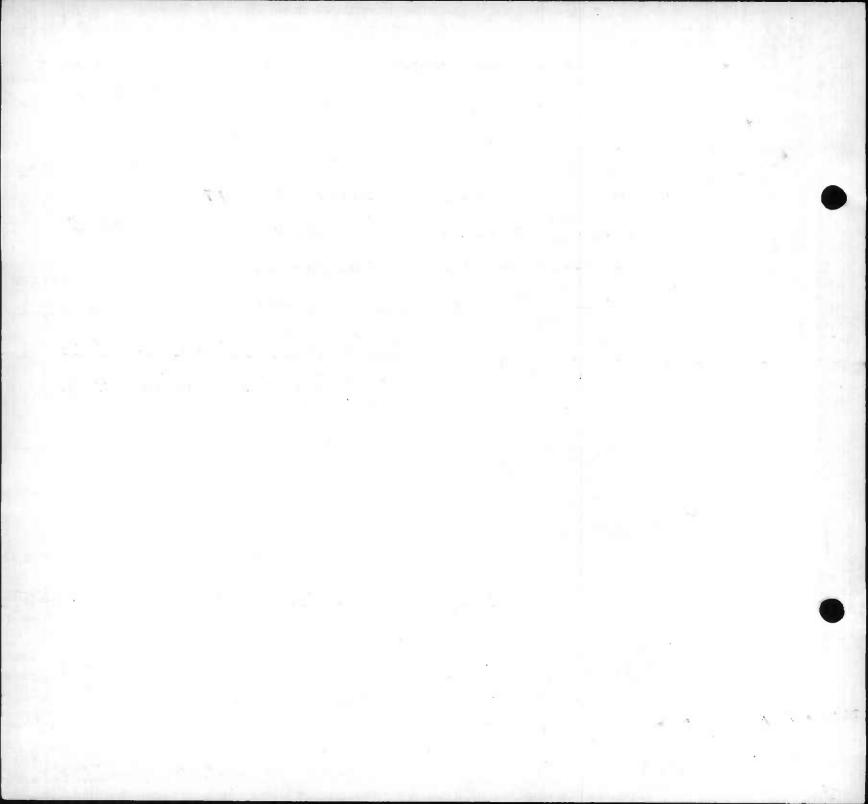




VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT	CE 44040
BIRTH NO. M.E. CASE NO. 65 11849	CERTIFICA	TE OF DEATH Registe	ored No. 65 11849
I. NAME OF DECEASED		2. DATE AND HOUR OF	F DEATH / C
Type or Print) CHARLES		s NOV. 15	
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased A, STATE 8. COUNTY	lived. If institution: residence before edmissier
FULL NAME OF (If not in hospital or institu	ution, give street	MD.	0 8-001
HOSPITAL OR oddiess or lectrion) INSTITUTION		C. CITY OR TOWN (If outside city lim	its, wite RURAL end give tewnship)
0 4700 FREDERI	CK AVE.	BALTIMORE D. STREET ADDRESS (If rurel, give le	cotion)
0 4/00 / 1100		4700 FREDERI	
	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In)	reors If Under 1 Yr., If Under 24 Hrs
	OWED, DIVORCED (specify)	SEPT.8, 1890 lest birthdoy)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B. KIN			12. CITIZEN OF
PROP RET.	RUGGIST	W. VA.	WHAT COUNTRY?
3. FATHERS NAME	1,000,007	14. MOTHERS MAIDEN NAME	ff SI
CHARLES	YOYERS	SARA FRANCES L	IARRIS
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, ne er unknown) (If yes, give wer er detes ef sem		N. M. Site	17211 Bes-
118. 44. 0. 0. 0. 1	217-32-9674	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0.001	2	ONSET AND DEATH
LEADING TO DEATH	(A) al	teripolerotes Al	extlusere 7 ys
(This does not meon the made of dying, heart failure, asthenio, etc. It meons the dis			
injury ar camplication which caused death.)	CA	regestive Heart	Failure 4 yr.
ANTECEDENT CAUSES	OUE TO		1
DISEASES OR CONDITIONS, if ony, g			
rise to the above cause (A) stoling UNDERLYING CONDITION last.	ine (C)	Mark	
11			
O THE DEATH BUT NOT RELATED TO	UTING		
DISEASE OR CONDITION CAUSING IT.		120A 411 0 B C V C V C V C V C V C V C V C V C V C	TO MUSES SIMPLINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes et Ne) 20B. IF YE IN CERTIF	YING CAUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n er ebout 21 C. WHERE DID (If i	n Beltimore City, give exact lecetion)
OR CONTRIBUTING CAUSE OF DEATH (netify medical exemine)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	
O 21 D. TIME (Menth) (Dey) (Yeer) (Heur)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUI	R?
S OF INJURY (APPROX.)	While At Not Whi	e	
	Work At Work	0 3 50	21215
22. I certify that (I) (this hospital) attend	71	Jun 23 195 9 10	100/5 1963
that (1) () last saw the deceased alive		19 and that in (my)	apinian death accurred an the da
and haur and fram the causes stated aba	ve. (1) (WE) (did) (did not)	riew the bady after death.	
23A. SIGNATURE	NOU / M.D. AH	ending Med. Steff	23 B. DATE SIGNED
Jan 1. Om	1000 Phy	s. Director Phys.	11/16/63
DAME (Type) O HN N. S	NYDER M.D.	23D. ADDRESS 6348 Frederick Rd). Balts., md. 21228
24A. BURIAL CREMATION, 24B. DATE 2. REMOVAL (Specify)	4C. NAME el CEMETERY er CR	EMATORY 24D. LOCATION	(City, tewn, er ceunty) (State)
Busial 11-18-65	Cothedral	emiting Batte	mare hed. 11/
25A. DATE MEC'D BY HEALTH DEET A 238, N	ME DE RESISTRA	25C. FONERAL DIRECTOR	ADDRESS
NOV 19 1965 4 6 5 5 5	, dancelina	Farley Covernment	A. Calmaille ma.

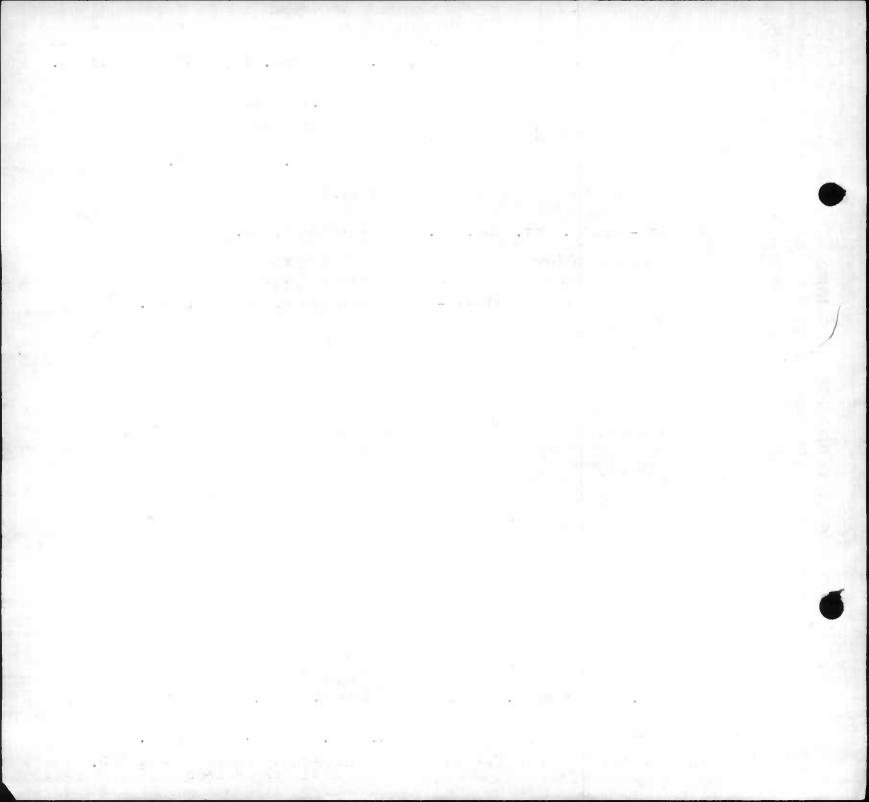
25C. FORERAL DIRECTOR ADDRESS / Fally Carriedly md



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BIRTH NO. M.E. CASE NO.	65 1185	() CERTIFICA	TE OF DEATH	Registered No.	5 11850
1. NAME OF DE		HENRY RABORG, SR		15, 1965	2:10 p. M.
3. PLACE OF DI	OF (If not in hospital or in oddress or location) Johns Hopkin	stitution, give sheel	Md., 2120 c. city or town (16 or Baltimore	NTY 05 utside city limits, write	RURAL and give township)
s. sex		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spocify) Widowed	501 N. C B. DATE OF BIRTH 1/11/1890	9. AGE (In years lost birthdoy)	If Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min.
tOA, USUAL OCC	17.000	KIND OF BUSINESS OR INDUSTRY	Baltimore,	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NA	James Raborg		Winifred		
15. Was Decase (Yes, no or unknow	d Ever in U. S. Armed Forces?	security No. 212-10-4032	Mildred A.		
DISEASES rise IO I UN DERLYIN OTHER SIGN TO THE	mplication which coused dec ANTECEDENT CAUSES OR CONDITIONS, if any, he obove couse (A) sto IG CONDITION last. II WIFICANT CONDITIONS CON' DEATH BUT NOT RELATED	giving DUE TO DIE TO DIE TO TRIBUTING	Hyparleu	in side	122/mg.
	PF OPERATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or N	208, IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEPORT OF CAUSE OF Medical axominer	21B. PLACE OF INJURY (e.g., in homo, form, foctory, street, or etc.)	n or obout 21 C. WHERE DID Injury OCCUR?	(If in Boltime	oro City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo) (H	While At Not While Work At Work		JURY OCCUR?	
that (I) (we	a) last saw the deceased a	tended the deceased fram	19and t	hat in (my) (aur) ap	pinian death accurred an the data
23A. SIGNAT	A Red Rus	with 10. Phy	onding Mod. S. Director 23D. ADDRESS 800 N. Patt	Stoff Phys. erson Pari	23B. DATE SIGNED (/=/// 65' k Avenue
	REMATION. 24B. DATE	24C. NAME of CEMETERY of CR		altimore,	City, town, or county) (Stoto)
	D BY HEALTH DEPT. 258	NAME OF REGISTRAR	Schimunek	R	ADDRESS



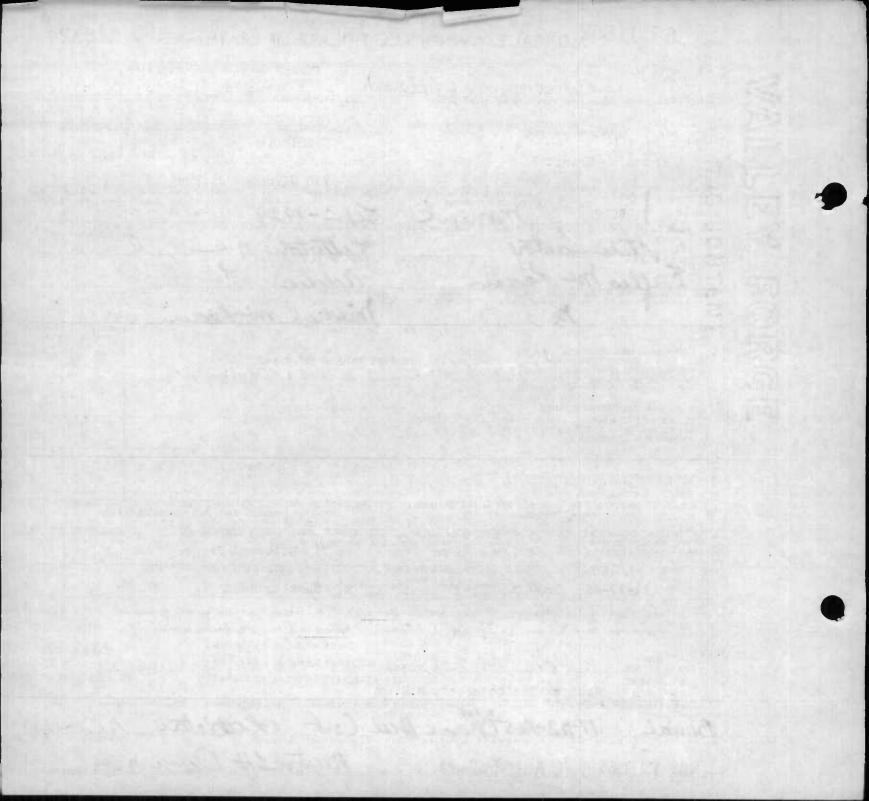
IMPORTANT assistant examiner DIRECTOR: the chief medical FUNERAL approved

Phis

3

and that in (my) (aur) aplnian death accurred an the date 258. NAME OF REGISTRAR 25G. FON MEMOVA 11-18-25A. DATE REC'D BY HEALTH DEPT.

BIR	TH NO. 65	1185	MEDICAL	EXAMI	VER'S CE	RTIFI	CATE (OF DEATH Reg	istered No.	11852	
M.	E. CASE NO.		1-1-0								
1. (Tv	NAME OF DEC	EASED)	2, DA	TE AND HOUR PRONO	UNCED DEAD		
,	po 01 1 11111	C	HARLES MC	LEAN (ALLen			November 17,		6:18 P	
3. [PLACE IN BALTI	MORE MARY	LAND, WHERE PR	ONOUNCED DE	AD	A. STATE	RESIDENCE (f in stitution: resi	dence before odmis	sion)
HO	LL NAME OF	(IF NOT IN	N HOSPITAL OR IN	NSTITUTION, GIV	VE STREET	C. CITY		outside corporate limits,	write RURAL	ind give township)	
6	Lut	heran H	ospital			D. STREE		If rurol, give locotion) 1dwood Parkw	av	0 00	
5. 5	SEX	6. RACE		RIED, NEVER M		B. DATE C		9. AGE (In y		Pr 1 Yr. If Under 24	
	male	negro	WIDOV	Mannia.	(specity)	Tel	2-19	29 36	IVIOII III S	Doy's Hooks IN	11110
don	USUAL OCCU	PATION (Give I	if refred)	D OF BUSINES	S OR INDUSTRY	11. BIRTH	LACE (Stote o	r foreign country)	12. CITIZ WH	TEN OF	
	FATHER'S NAM	lell.	Lacloy	/		14 MOTH	ER'S MAIDEN	NAME -C	M	A. /+	_
10.	100	10: 2	ne Lo			N	11	2			
			S. ARMED FORCE			17. INFOR	MANT		ADDRES	S	_
(Ye	s, no of unknown)	(If yes, give v	yor or dotes of ser	vice) SECUI	RITY NO.	mil	Ide. O	markey	11 0	Some	
	18.	-1X.	1-0		CAUSE	OF DEA	TH	11 1 100		INTERVAL BETWE	
	DISEAS		ITION DIRECTLY							ONSET AND DEA	NIII
	(This does n	LEADING TO	DEATH mode of dying.	e. a	(A)	ot wou	ind of h	lead			
	heort foilure,	osthenio, etc.	It means the dis-	eose,	DUE TO						
		NTECENDEN	T CALLSES							activities.	
	DISEASES C	OR CONDITIO	ONS, IF ANY, GIV		(B) DUE TO						
		G CONDITIO	ISE (A) STATING IN LAST.	THE							
NO O					(C)						
CERTIFICATION	OTHER SIGN TO THE	DEATH BUT	NOT RELATED							***************************************	0 m 0 0 0 0 0 0 0
ERT	19A. DATE OF	OPERATION	198 CONDITION		PERATION	20A. A	UTOPSY? (Yes	or No. 208. IF YES, WE			
-	OX.						yes		yes		
EDICA	21 A. EXTERNAL UNDERLYING AUTING CAU	OR CONTRIB-		home, form, for home	octory, street, o	n or obout ffice bldg.,	INJURY OCC	DID (If in Boltimore Cour? Lldwood Parky		ocotion	
Σ	21D TIME OF INJURY	(Month) (D	oy) (Yeor) (Hou	21 E. INJUR	Y OCCURRED		21F. HOW DI	D INJURY OCCUR?			
		1-17-65	5:30 P	m. WHILE AT	NOT V	WHILE X	Shot	in head		n je	
	22.	ify that I he	ld an Inquiry	Inspec	tian Aut	apsyXX	and that	an this basis, death	in my apinio	an	
	result	ed fram: No	atoral causes	Accident	Sylicide		lamicide X	Undetermined r	nanner .		
		,	1.15	0.	//	СН	IEF MEDICA	AL EXAMINER		DATE SIGNE	in.
	SIGNATI		(1/ne	Klua	LI XIMADA	ASSIST	ANT MEDIC	AL EXAMINER X	11-1		,,,
	EXAMIN	FR'S	1'- D			ASSOCI	ATE MEDIC	AL EXAMINER	11-1	5-05	
234	NAME (diger Bre		r, M.D.	CREMAI	ORY	23D. LOCATION	(City, town, or	county) (Stote	e)
	MOVAL (Specify		1-00 1/4	- Wist	11:	10 1	1	Dist. 1 7	1	hon	
24	A. DATE REC'D	BY HEALTH C	DEPT. 248, N	AME OF REGIS	TRAR	24C.	FUNERAL DIE	RECTOR	ac	ADDRESS	ud
	MAU	1000	0000	7.0	11	1	metro	140.	ine h	Car. D.	
VS	151-REV. 1/1/	1500 (Robert &	Jaken	.0		allen	CAN NE	orpe of	Colvelle	
		IV	W 1 1 7								



FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if deoth occ	or his assistant if death oc
the body was released to the haspital by a medical examiner. Also, if the direct or cont	Also, if the direct or cont
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeterm	e of any kind; (4) Undetern
was D.O.A. at a hospitol (except where the physicion who pronounced deoth was in reg	ounced deoth was in reg
deceased prior to death); and (6) No physician was in regular ottendance on the deceas	ottendance on the deceas
the second secon	and an Kingel dispersion in

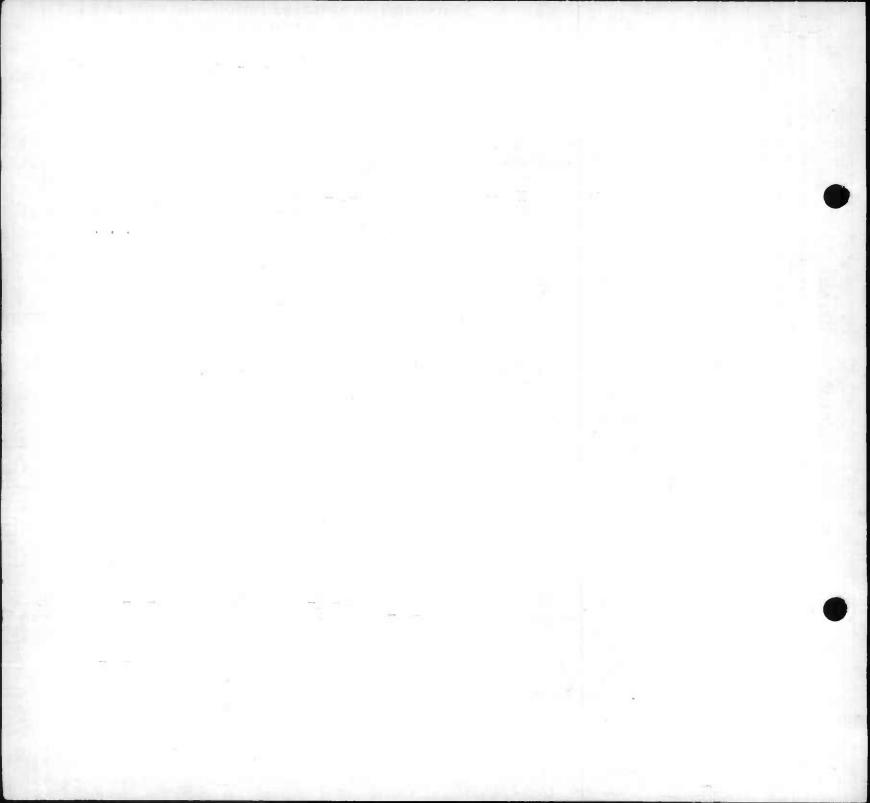
	BALTIMORE CI	TY HEALTH DEPARTMENT						
	M.E. CASE NO. CERTIFICATE OF DEATH Registered No. 55 11853							
1, N	AME OF DECEASED Baby Girl Williams - S	onya Ann 2. Date and Hour of Death	14:58					
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institu	tion; residence before odmission)					
H	FULL NAME OF (If not in hospital or institution, give street oddress or location) NSTITUTION	Maryland C. CITY OR TOWN (If outside city limits, write RURA	At ond give township)					
> /	Baltimore City Hospitals 4940 Eastern Avenue	Baltimore D. STREET ADDRESS (If rurol, give locotion)						
1	Baltimore Maryland 21224		21202					
5, 5	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	11/7/65 25 weeks	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.					
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST eduring most of working life, even if retired)	RY 11. BYRTHPL'ACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?					
		Maryland	U.S.A.					
13.	FATHER'S NAME	Sonya Ann William	s					
15. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
		Records: BCH-4940 Eastern	Avenue 21224					
	18. 226 X I CAUSE	OF DEATH	INTERVAL BETWEEN					
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH							
	(A) (This does not meon the made of dying, e.g., DUE TO		04070000000000000000000000000000000000					
	heart foilure, osthenia, etc. It means the disease, injury ar camplication which coused death.)		D					
	ANTECEDANT CALISES (B)	pa nyagga an pang g mg m m m m m m m m m m m m m m m m						
	DISEASES OR CONDITIONS, if any, giving	+ +						
	rise to the above cause (A) stating the (C)UNDERLYING CONDITION last.	prematurely						
	II	0						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
CERTIFICA	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINE IN CERTIFYING CAUSES	S OF DEATH?					
	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g. or CONTRIBUTING CAUSE OF home, form, foctory, street,	p., in or obout 21 C. WHERE DID (If in Boltimore City office bldg., INJURY OCCUR?	ty, give exact location)					
CAL	DEATH (notify medical examiner)							
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21 F. HOW DID INJURY OCCUR?						
2	(APPROX.) While At Not Work At Wo	/hile D	2					
	22. I certify that (12this hospital) attended the deceased from	11 7 65 19 10 11	1965.					
	that (1) (we) lost saw the deceased alive on	19 6 5 and that in (my) (our) opinion	death accurred on the date					
	ond hour and from the couses stated above. (1) (We) (did) Mid not) view the body ofter death.						
	23A. SIGNATURE		B. DATE SIGNED					
	mora Beline M.D.	Attending Med. Stoff Phys. Director Phys.	11/8/65					
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	/ 1					
	M. BELLNIE M.	1000 00 00 00 00 00 00 00 00 00 00 00 00	Eastern Avenue					
244	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of	CREMATORY (City, 18 Baltimore	own or county) (Stote)					
	Cremated 11-13-65 Baltimore Ci	ty Hospitals-4940 Eastern	Avenue					
25A	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FÜNERAL DIRECTOR	ADDRESS					
	NOV 19 1965 Robert E. Farbeight	HUOPITAL DISPUSAL						
VS	150-REV. 1/1/65							



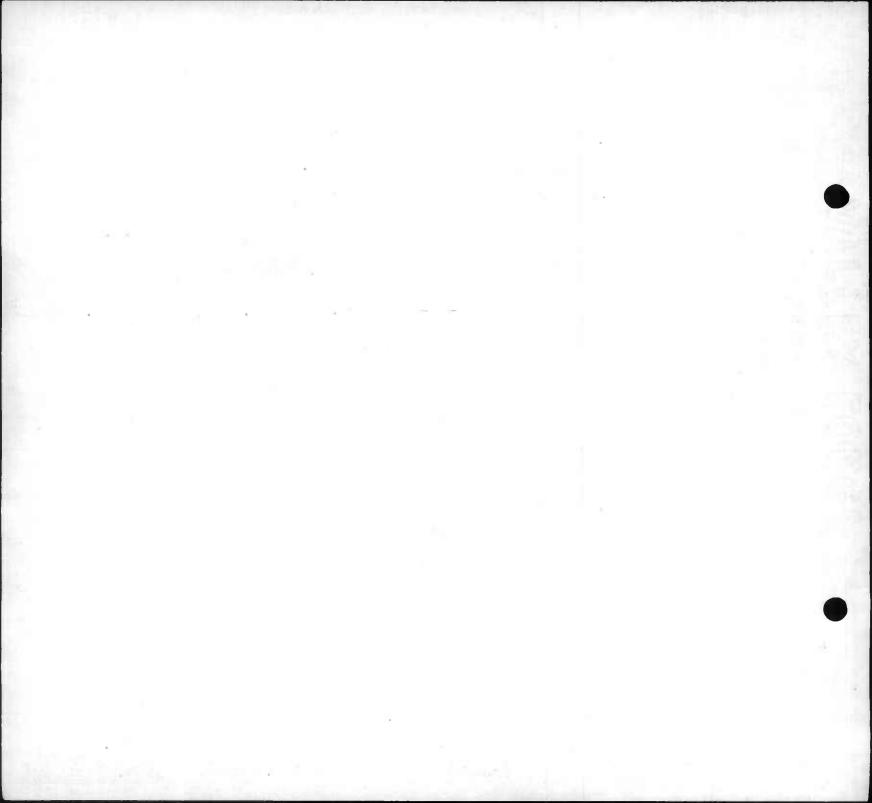
	occurre ontribut ermined regular passed p
	if death ect or c t) Undet was in the dec
RTANT	ssistant the dire kind; (4 death nce on final dis
IMPO	Also, if re of any nounced attenda
FUNERAL DIRECTOR: IMPORTANT	aminer. A fractu vho pro regular
L DIRE	sdical exirus; (3) sician vess in mains at
JNERA	chief mec Body bu the phy tysician
E	spital by the spital by ture; (2) twhere b) No phed befored
	approved o the ho f any nat l (except) c and (except)
	leased trident of hospital
	ificate ny was re 1) An ac 3.A. at a d prior t
	This certificate must be approved by the chief medical examiner or his assistant if death occurre the body was released to the hospital by a medical examiner. Also, if the direct or contribut shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased pwritten approval must be obtained before the remains are embalmed or final disposition is made

VS 150-REV. 1/1/65

SAB- 1		65 1185	4	BALTIMORE CITY	HEALTH DEPARTMEN	T	
45-03-78	BIRTH NO.	65 1183)4	CERTIFICA	TE OF DEATH	Registered No.	- 11051
and and assect the the	M.E. CASE NO.	ECEASED				E AND HOUR OF DEATH	5 11854
7105	(Type or Pant) Baby Boy Hunt-Angela			1	0-30-1965	4:50 P M.	
of of Dec ce o	3. PLACE OF E	EATH IN BALTIMORE, M.	ARYLAND			Where deceased lived. II i	institution: residence before odmission)
0 0 0 = 0	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION Baltimore City Hospitals				Maryland		8-05
2000					C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore		
c 32.		4940 Eastern	-		D. STREET ADDRESS	(If rurol, give location)	
rred in suting ed cau ar att prior		Baltimore, Ma	ryland	21224	2133 Harford		21218
trib min gul sed	5. sex Male	6. RACE Negro	WIDOWE	never married o, divorced (specify) Married	8. DATE OF BIRTH 10-25-1965	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
In if death ocalinect or con; (4) Undetermy was in reduced in the deceased disposition is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)				foreign country)	12. CITIZEN OF WHAT COUNTRY?	
de de Un	13. FATHER'S N	AME	1		14. MOTHER'S MAIDEN NAME		
rect (4) (4) the					Angela Hunt		
assistant if the dir. or kind; (death ance on r final dis	15. Wos Deceos	ed Ever in U. S. Armed Fo	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
RTA ssista the the dea dea nce final					Records:BCH-	4940 Eastern	Avenue 21224
IMPORTANI or his assistant Also, if the dir or of any kind; (ounced death ittendance on med or final di	18. 2 2 3 . 5 T				DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
or his of Also, in the of an nounce aftend med ou	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Res			Res	piratory Dist	5 days	
iner of mer of acture pron	(This does not mean the made of dying, e.g., DUE TO						
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) Prema				aturity		5 days
	ANTECEDENT CAUSES OUE TO						
ECTC exam xami) A fr who n reg	DISEASES OR CONDITIONS, if any, giving rise la lhe above couse (A) stating the (C) UNDERLYING CONDITION last.						
2 _ OC E.E.							38 08 654 04 7 8 7 9 0 0 0 7 8 0 7 9 0 0 0 8 66 8 7 9 9 0 0 7 7 7 7 7 7 9 8 8 8 9 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0
= 0 = .= 0 0	Z OTHER SIGNIFICANT CONTRIBUTING						
_ 0 T 7 X =	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) Was PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (II in Boltimore City, give exact locotion)						
dy dy he	U 19A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
FUNERAL be chief med by a medi by a medi by bur te the physician w ore the rem	WAS PERFORMED				Yes		ies
The the cope of cope o	OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office bldg., INJURY OCCUR?						
why who	OF INJURY While At Not While						
roved ne hos y nati xcept ind (6	OF INJURY (APPROX.) While At Not While At Work						
proved be the hosp any nature axcept wand (6) obtained	22. I certify that (I) (this hospital) attended the deceased from 10-25 19 65 to 10-30 19 65 .						
1d 0 0 0	that (1) (we) lost saw the deceased alive an 10-30- 19 65 and that in (my) (aur) opinion death occurred on the date						
it be a lised to ent of spital death)	and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death.						
de de mu	23A. SIGN A	TURE	~ ^ \	A4 5 A44	ending Med.	- Stell -345	10-30-65
must eleas ccide a hos to d	2,1	vayne 1	lein	Phy	s. Director L	Stoff 25	10-70-07
ficate was r A. at a prior	23C. PHYSICIAN'S Wayne Klein A.D. 4940 Eastern Avenue, Baltimore, Maryland						
		REMATION, 248, DATE		AME of CEMETERY OF CRE			City, town, or county) (State)
his certif ne body hows: (1) as D.O./ eceased	REMOVA	L (Specify)					
This cer the bod shows: was D.C decease	Cremate 25A. DATE REC	O LT-T	258 NAME	Itimore Cit	y Hospitals	Baltimore,	Maryland
This the bestook was dece	NOV 1	9 1965 Rober	8 2. fa	about 4.10	HOSPITA	AL DISPOSA	L



	OF 44	DES BALTIMORE CITY	HEALTH DEPARTMENT	C	E AAOFE	
BIRTH NO.	65 11	CERTIFICA	TE OF DEATH	Registered No.	5 11855	
M.E. CASE NO.	0			ID HOUR OF DEATH		
(Type or Print)	liver Wil	liam Nichols		mber 14,1		
3. PLACE OF DEATH II	N BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (When	re doceosod lived. If in	nstitution: residence before admission)	
FILL NAME OF	(If not in bosnital as	Institution give street	Maryland		3-17	
HOSPITAL OR			C. CITY OR TOWN (If autside city limits, write RURAL and give township)			
	W 40m 3	M++	Baltimore			
1000	W. 42nd	Street		rurol, give location)		
			1006 W. 42nd	Street		
5. SEX 6. RA	olored 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
IOA, USUAL OCCUPATI	ON (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12, CITIZEN OF	
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Chauffeu:	L	Wagner Electric	Talbot County	Md Md	0.D.A	
Allen Ni	ohole					
15. Wos Deceased Ever		s? 1 6. SOCIAL	AManda Thom	oson	ADDRESS	
(Yes, no or unknown) (If ye	es, give war at dates	of service) SECURITY NO.	III VAIVAIT		WOOMESS	
		217-20-1230	Mrs. Alver W	V. Nichol	s 1006 W. 42nd S	
18. 331	XI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
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heort failure, asthe	nia, etc. II meons th	e disease,			Cours,	
	tian which coused d	eom.)	bral giter	troschover	2 bearing	
	CEDENT CAUSES	DUE TO		***************************************	13 /	
	ONDITIONS, if on ave cause (A) s					
UNDERLYING CO		(c/	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	11					
OTHER SIGNIFICATE	NT CONDITIONS CO	NTRIBUTING D TO THE				
DISEASE OR CON	DITION CAUSING IT.		1004	1		
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OR CONTRIBUTING DEATH (notify medi-	CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.)	fice bidg., INJURY OCCUR?	(If in Boltimor	ro City, givo exoct locotion)	
	nth) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)		While At Work At Work				
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		alive an NOV	incl	1467 10	VOU 1 4 1965.	
	saw the deceased			at in(my) (our) opi	inian death occurred on the date	
	n the causes stated	d above. (1) (Ma) (did) (did nor) v	riew the bady after death.			
23A. SIGNATURE	,11				238. DATE SIGNED	
serm	m 10	M.D. Atte	ending Mod.	Stoff Phys.	11/16/65	
23C. PHYSICIAN'S NAME (Type)	. 0		23D. ADDRESS	1/14=4	- M	
Seymon	- 14. Re	ubin M.D.	5413 Mark	(100 74)	5 1 Time	
24A. BURIAL CREMATIC	ON, 24B. DATE	24C. NAME of CEMETERY of CRI	EMATORY 24D. LO	OCATION (C	City, tawn, ar county) (State)	
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25A. DATE REC'D BY H		65 Arbutus Memo	Park Al	routus Ba	lto Co. Md	
		E Farberns			035 W. North Ave	
VS 150-REV. 1/1/65	The Carrie	C, Juanay "	TICTOCI O IS.	Marrier)(W. MOLUL Ave	
-3 130-KE V. 1/1/03						



contributing (4) Undetermined death direct IMPORTANT kind; of fracture the chief medical examiner FUNERAL DIRECTOR: 3 medical burns; Body G to the hospital by 3 þ approved any

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occurred

BALTIMORE CITY HEALTH DEPARTMENT Registered No.5 CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type of Ping)

3. PLACE OF DEATH IN BALTIMORE, MARY uo 65 eath. RESIDENCE (Where deceased Rived. If institution; residence ance B. COUNTY FULL NAME OF (If not in hospital or institution, give street T HOSPITAL OR oddress or location) (If outside city limits, write RURAL orld attend 0 prior (If rural, give location) LEMMON 1513 regular Bad 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. 5. SEX 6. RACE deceased WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CHIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) = BOUTIMORG Was the 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME SWANSON JUNE eath 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 17. INFORMANT 6. SOCIAL final SECURITY NO. attendance CAUSE OF DEATH INTERVAL BETWEEN pronounced 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed matuuch LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION lost. the remains physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY TYes or No! 198. CONDITION FOR WHICH OPERATION 20B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? obtained before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where °Z MEDICAL DEATH (notify medical examiner) etc.) (Month) (Doyl (Year) (Hourl 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROXI At Work Work ; and 22. I certify that (I) (this hospital) attended the deceased from Nov 13 99 that (I) (we) last sow the deceased alive on... 19 63ond that in(my) (our) opinion death occurred on the date death) hospital ond hour ond from the causes stoted obove. (I) (We) (did) (did not) view the body ofter deoth. must 23A. SIGNATURE 238, DATE SIGNED Attending Stoff prior to written approval Phys. Director Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS t o M.D. D.O. A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY eceased REMOVAL (Specify) MOS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR

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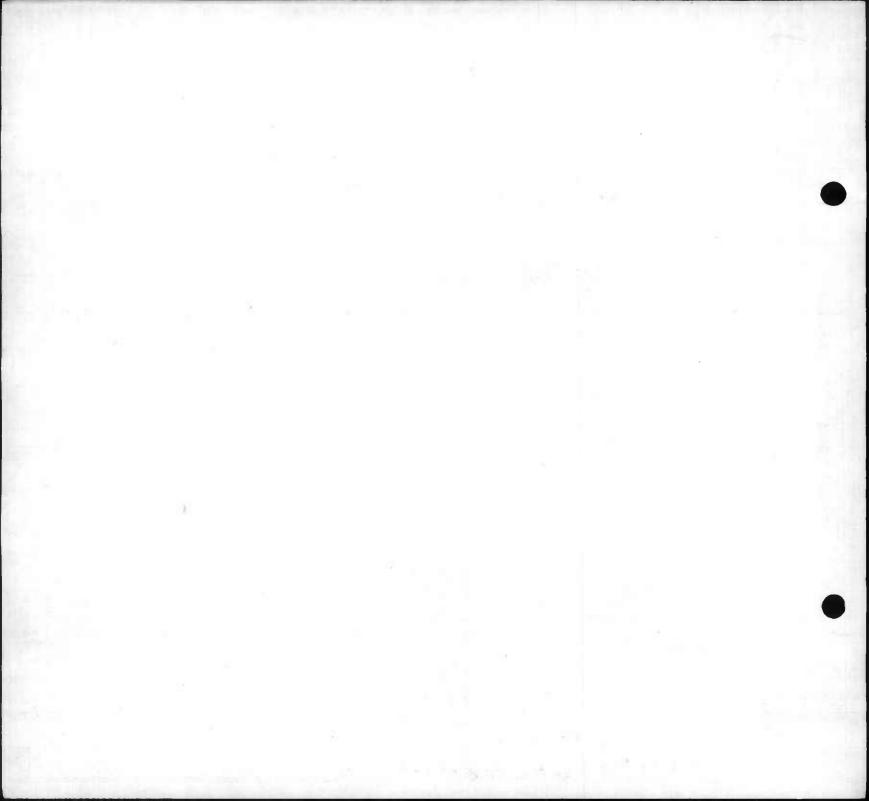
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JAMES U DEV PILFE FRANKLIN SBURGE HOSPIT

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	05 130		HEALTH DEPARTMENT	V	
BIRTH NO.	65 118	57 CERTIFICA	TE OF DEATH	Registered No.	CE AAOET
M.E. CASE NO.		CERTITION			00 1T90/
1. NAME OF DECE (Type or Print)	AIST 1	YRS. ISABELLE (13	AREL)	9/65 at	6.35 A.
3. PLACE OF DEA	TH IN BALTIMORE, MAR			re deceased lived. If i	nstitution: residence before odmission
FULL NAME OF	(If not in hospital a	or institution, give street	MARYLAND		Howard
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
1	BON SE	COURS HOSPITA	D. STREET ADDRESS (IF	rurol, give location)	63 60
1			4		SING Home
5. S EX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hr
F	W	MARRIED .	12-7-74	lost birthdoy!	Months Doys Hours Min.
	PATION (Give kind of work orking life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEMS	175		MARYIAN	D	IICA
TA FATHER'S NAM			14 MOTHER'S MAIDEN NA	ME	10011
MILLA	0 0 1	1-5	property of the same	Der. Mala.	
ELIAS	Ever in U. S. Armed Force	FR	FRANCES E.	KEINHAR	ADDRESS
(Yes, no or unknown)	(If yes, give wor or dotes	of service) SECURITY NO	17. INFORMANT		ADDRESS
			IRENE ZIMME	RMAN 2000	SKERNAN DR.
18.49	/ X I	CAUSE	IRENE ZIMME	HI TOTAL TO SEE	INTERVAL BETWEEN
DISEAS	E OR CONDITION DIR	ECTLY			ONSET AND DEATH
	LEADING TO DEATH	(A) 15	ila. brough	10 premus	my days
	at mean the made of	dying, e.g., DUE TO		7	** *** *** *** *** *** *** *** *** ***
	osthenio, etc. Il meons plication which caused				
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19A. DATE OF	OPERATION 198. CONE	ORMED OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
ER S	WAS TERM	NATE D	XES	OEKIN IIIIO O	427
OR CONTRIBUTE	TWAS UNDERLYING THE	21B. PLACE OF INJURY (e.g., home, form, foctory, street, c	in or obout 21/C. WHERE DID	(If in Boltimo	re City, live exact location)
▼ DEATH (notify	medical examiner	etc.)	mee siegi, maaki oodak.		/-
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OF INJURY		While At Not Whi			
(APPROX.)		Work At Work			, ,
22. I certify	that (1) (this hospitol)	ottended the deceosed from	11/17/1965	19to//	119/ + 1965
that (I) (we)	lost sow the deceased	d olive on	1965 ond th	ot in (my) (our) on	Inlon death occurred on the do
		ed obove. (I) (We) (did) (did not)			
23A. SIGNATUI	RE D	1)	The body offer deoin.		23B. DATE SIGNED
	Xaura S		ending Med.	Stoff 📆	
		Ph	ys. Director	Stoff Phys.	
23C. PHYSICIAN NAME (Ty	pe) / ALIDA C	LIDYANIA D.	23D. ADDRESS BON	SECOURS	HOSPITAL
	LAURMU	URYANANDA RAO M.D.	BACOOKS 1341	TIMORF.	MARYI AND 2122
	AATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	city, lown, or county! (Stote)
REMOVAL (S	pecify)	0.04=			AA M
BUKIAL	11-77-7	765 MT. OLIVET CE	METERY BAL	TIMORE	170.
NOV 9	MOOF A	23B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
NOV 22	2 1965 R.C.	8 E. FallowMA	WEBER FUNEA	PAL HOME 5	BUEDMONDSON AVE
VS 150-REV. 1/1/6	5		4		



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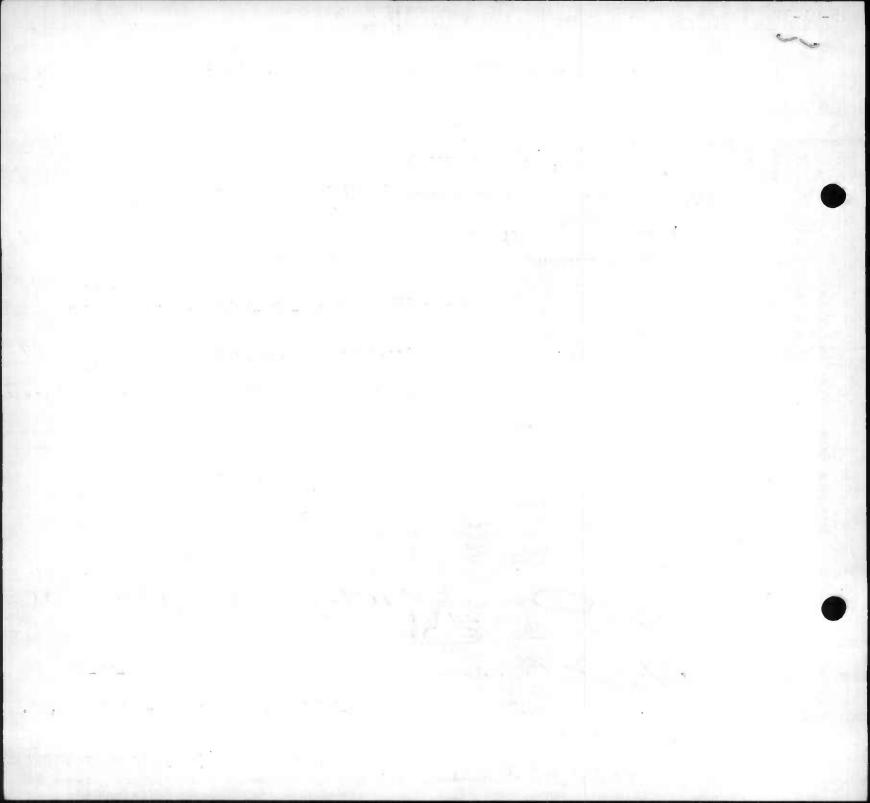
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2. DATE AND HOUR OF DEATH RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If autside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If turol, give location) 3002 W NORTHERN PARKWAY B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthdoys Hours 6/1/1900 NEVER MARRIED 12. CITIZEN OF WHAT COUNTRY? USA RUSSIA CLOTHING 14. MOTHER'S MAIDEN NAME SYLVIA 17. INFORMANT 6. SOCIAL SECURITY NO. 212-03-3170 RECORDS-BCH-4940 Eastern CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

BIRTH NO. 11858 M.E. CASE NO. I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or lacation) BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224 made 7. MARRIED, NEVER MARRIED 5. SEX WIDOWED, DIVORCED (specify) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote at foreign country) done during mast of warking life, even if retired) TAILOR 13. FATHER'S NAME JOSEPH FRIEDMAN 15. Was Deceased Ever in U. S. Armed Farces? (Yes,na ar unknawn) (Iff yes, give war ar dates of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, lorm, foctary, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation) MEDICAL DEATH (natify medical examiner) etc.) 21 D. TIME obtained (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from 65 19.... that (1) (e) lost sow the deceased alive on. ...ond that in (my) (our) opinion death occurred on the date 99 ond hour ond from the causes stoted obove. (1)(We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. M.D. Phys. X Phys. Director _ 11-19-65 approval 23 D. ADDRESS 21224 14940 BCH Avenue-Baltimore JEFFREY AARONSON Eastern 24A. BURIAL CREMATION, 24C. NAME of CEMETERY REMOVAL (Specify)

ROSEDALE. MARYLAND PETACH TIKVAH BURIAL 11/21/65 BROS. INC. 6010 REISTERSTOWN RD SOL LEVINSON & VS 150-REV, 1/1/65



	a hospital ause of dee; (5) Deceondance on o death.
•	otributing craimined cause agular attellised prior to made.
5	direct or coling. (4) Undeter (4) Was in the decer
IMPORTAL	or his assista Niso, if the ounced deal outed deal outendance oned or final
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of de shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceawas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. S written approval must be obtained before the remains are embalmed or final disposition is made.
NERAL DI	hief medica a medical lody burns; he physicia rsician was
5	ved by the chospital by nature; (2) Eapt where the (6) No phy lined before
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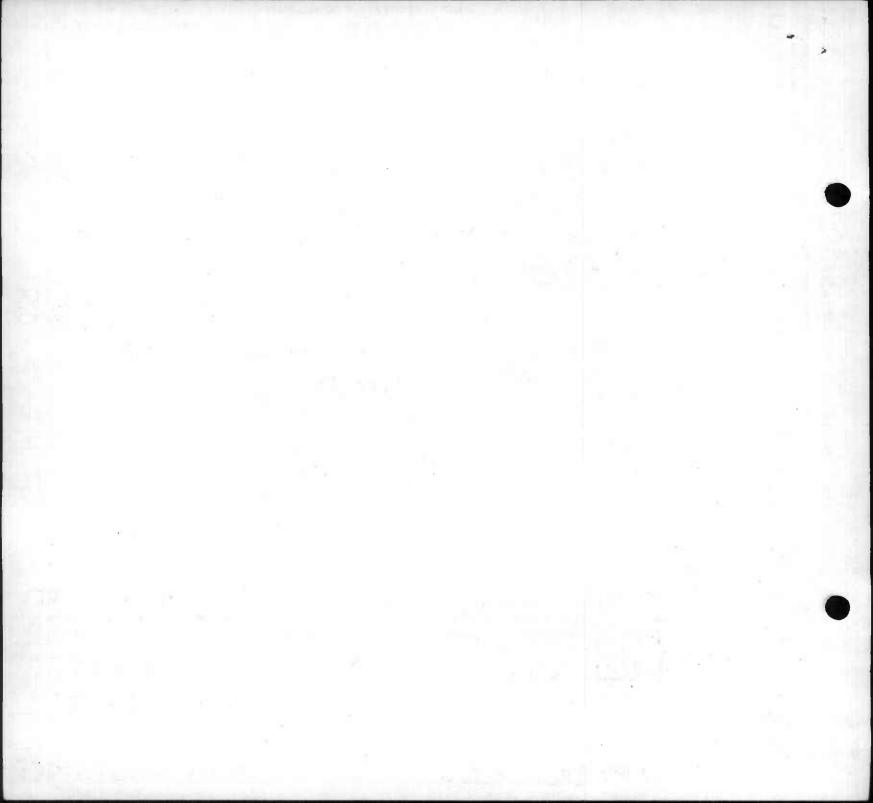
BIRTH NO. M.E. CASE NO.	65 11	859		TE OF DEAT	- 65.	1289177
1. NAME OF DECEA	SKIA H IN BALTIMORE, MAR	R BE	Njami	N) EDWARD	E AND HOUR OF DEATH	institution: residence before odmiss
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital a	ır institution, give	street	A. STATE B. C.	(James)	RURAL old give township)
2 :	Sincii	Hosp	ital	D. STREET ADDRESS 3612	Ill rurol, give location Spaula	ing Cure
01	Cherocicus.	m	ARLIE D	8. DATE OF BIRTH 5/13/01	AGE (In years last birthday)	Months Days Hours Min
done during most of we	ATION (Give kind of work prking life, even if relired)	108. KIND OF BU	SINESS OR INDUSTR	RUSS	IA	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	DAVID	SKLAN	E	14. MOTHER'S MAIDEN 17. INFORMANT	PAH BROW	dsky ADDRESS
(Yes, na or unknown)	ver in U.S. Armed Fara If yes, give wor or dates		SOCIAL SECURITY NO. 152-05-39/1	MRS. SUSA	u SKLAR 3	612 Sparlding 1
	OR CONDITION DIR	ECTLY		cute Pulsum	are, Ood om	INTERVAL BETWEEN ONSET AND DEATH
heart failure, a	t mean the mode af sthenia, etc. It means lication which caused	the disease,	DUE TO	mary Arte	u Descar	147
DISEASES OF	NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.		(C)	7		
E TO THE DE	CANT CONDITIONS CO ATH BUT NOT RELA ONDITION CAUSING 17	TED TO THE	Di	ibetes nee	lities	2-3 90
19A. DATE OF	WAS PERF			no	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF nedical examiner)	home, etc.)	ACE OF INJURY (e.g., form, factory, street,	in or obout 21C. WHERE D office bldg., INJURY OCCU	R?	are City, give exact lacation)
21 D. TIME OF INJURY (APPROX.)	Month) (Day) (Year)	(Hour) 21 E. IN While Work	At Work	ile 🗌	INJURY OCCUR?	
	hat (1) (this hospital) ast saw the decease		1/19		19tatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatata_	pinian death accurred an the
23A. SIGNATUR		7 Galli	M.D. A	ttending Med.	Stoff Phys.	23B. DATE SIGNED
PHYSICIAN NAME (Typ	EDWARD KAL	LINS	M.D	23D. ADDRESS 4300 BL	K LIBERTY HEI	GHTS AVE
24A. BURIAL CREM REMOVAL (Sp BURIA)	ecify)		E OF CEMETERY OF C		BALTIMORE, MA	City, tawn, ar county) (Stot
	Y HEALTH DEPT.	25B. NAME OF			SON & BROS. INC	

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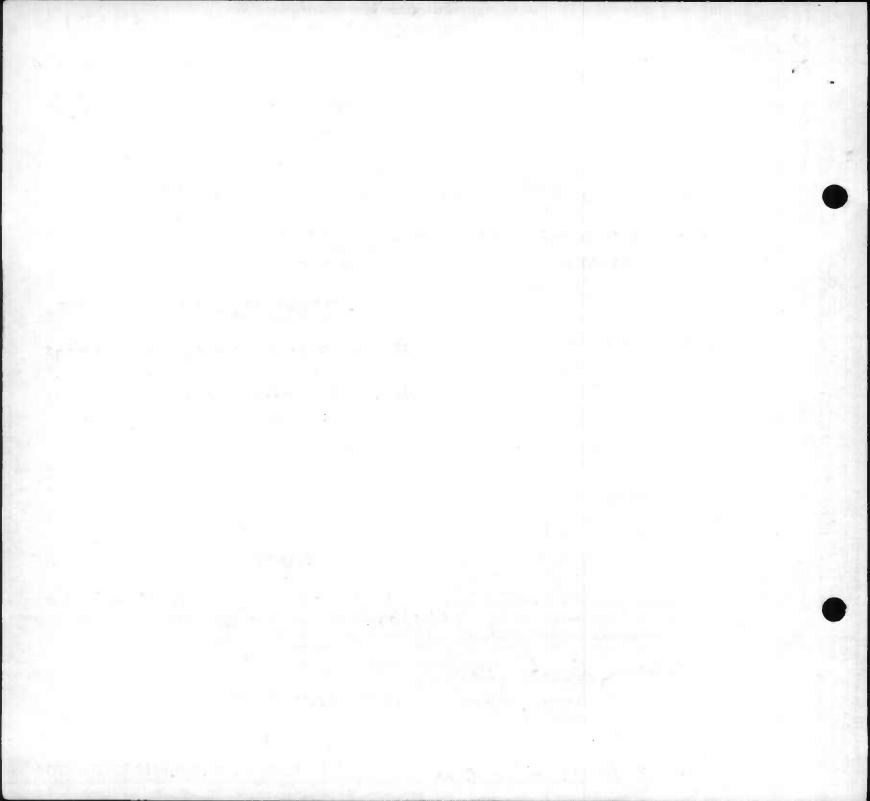
Edward 6. Marin

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4	in a hospital and ig cause of death cause; (5) Deceased attendance on the or to death. Such
•	f death occurred ct or contributin) Undetermined c was in regular of the deceased pri sosition is made.
IMPORTANT	Also, if the dire re of any kind; (4 nounced death v attendance on the
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	65 11860	BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. L CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	7 11860
1. N (Typ	PLACE OF DECEASED AND LONG	Dwar	W. USUAL RESIDENCE (Whore		11 P. M. Hitution: residence before odmission)
1	FULL NAME OF (If not in hospital or institution, MOSPITAL OR oddress or location) NSTITUTION	give street	C. CITY OR TOWN (If outsi	A	URAL ond give township)
PU	-Belredue line	200	D. STREET ADDRESS (III TO	rol, give locotion)	5300
5. 9		NEVER MARRIED		AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months! Doys Hours; Min.
Z	emale White Wildowskind of work 108, KIND O	D. DIVORCED (specify) LOLALU F BUSINESS OR INDUSTRY	Glene 17, 1900 or foreign	st birthdoy)	12. CITIZEN OF
	e during most of working life, even if retired) H ausleufe FATHER'S NAME	- None	Dalten	ne, Md	WHAT COUNTRY?
13.	noris Hambu	iger	Rachel	>	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	Mes Loes Da	lab - 33	315 Wooduppe
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	F DEATH		ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease injury ar camplication which caused death.)		AGRIT)	loQ.
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	(B) N	noc vi)		
	rise to the obove couse (A) stoting the UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G Dialu	be hellions		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)	me, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	(ABBBOY)	E. INJURY OCCURRED hile At Not While Ork At Work	21F. HOW DID INJU	RY OCCUR?	
	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive on	the deceased from	190 T and the	(0) to 10	V. 18 1965.
	ond hour and from the causes stated abave.			III (Amb.) (Sail, obii	
	23A. SIGNATURE	Phy	s. Director P	toff hys.	11.19.6
	DANIEL BA	AKAL M.D.	3600 LO	CHERN	BRIVE
24	A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify)	lovew Fu	endelin 24D. 40	allerner	(Stote)
25	NOV 22 1965 ()	OF REGISTRAR	SAP DUMBAL DIRECTOR	A Bis	-6010 Kunth
VS	150-BEV 1/1/65	and the Marie	- In o je og toket f		10,00



BIRTH	NO. 65 1186		TE OF DEATH Regi	stered No. 65 11861
1. NA	ME OF DECEASED	CERTIFICATION CONTRACTOR	2. DATE AND HOUS	OF DEATH
Гуре	or Print) TSAAC EN	UTNEN	11-19	1-65 4:35 AN
. PL	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceos	ed lived. Il institution: residence before admission
	LL NAME OF (If not in hospital or institut	ion, give street	C. CITY OR TOWN (If outside city	D 71-03
	SPITAL OR oddress or location) STITUTION		II	
)	5, NA HOSPITAZ	017	D. STREET ADDRESS (If rurol, give	
	5000 GREENSPRING	1	1916 RAM	4.4
· S EX	6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE	1 1 1 1 1 2 1 1 1 0 1 1
	Male Uhite WIDO	OWED, DIVORCED (specify)	4-6-1900 lost birth	day) Months Doys Hours Min.
	SUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	y) 12. CITZEN OF WHAT COUNTRY?
	during most of working lile, even if retired) Let ned MRRCHANT	GACKERY STURE	ENGLAND	1150
	ATHERS NAME	CACCELLO O'CILE	14. MOTHERS MAIDEN NAME	0.77
	MAX ENTNER		BEATRICE ?	
	os Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
	NO	SECURITY NO.	MRS. FLORENCE ENTHER	R 1916 RAMSAY STREET
	B. 44 20, 11	CAUSE O		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			Throughon Bolongs
	ise to the above cause (A) stating JNDERLYING CONDITION last.	the (C)		
₽				
	DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IN CE	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
_ 0	IA. ACCIDENT WAS UNDERLYING DECONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF C	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ifice bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
<u>0</u> 2	1D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?
٤ (APPROX.)	While At Work Not While At Work	e 🔲	
2	2. I certify that (I) (this hospital) attend		-12-65 10	to 11-19-65 10
			19 and that in (m	y) (aur) apinian death accurred an the de
	nd haur and fram the causes stated abov		A.	
	3A. SIGN AT URE	, , , , , , , , , , , , , , , , , , , ,	,	238 DATE SIGNED
	Lam a. An	M.D. Alte	ending Med. Staff Staff Phys.	
2:	3C. PHYSICIAN'S	1/00	23D. ADDRESS	
	LARRY A.	SNYDER M.D.	SINAI HOSPITAL	
24A.		C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
	BURIAL 11/21/65	AHAVAS SHALOM	ROSEDA	LE. MARYLAND
	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	NOV 22 1965 P. P. F. 8	Fr. a. u.s	SOL LEVINSON & BR	OS.INC.6010 REISTERSTOWN
/5 1 5	50-REV. 1/1/65	ALLA PROPERTY.		



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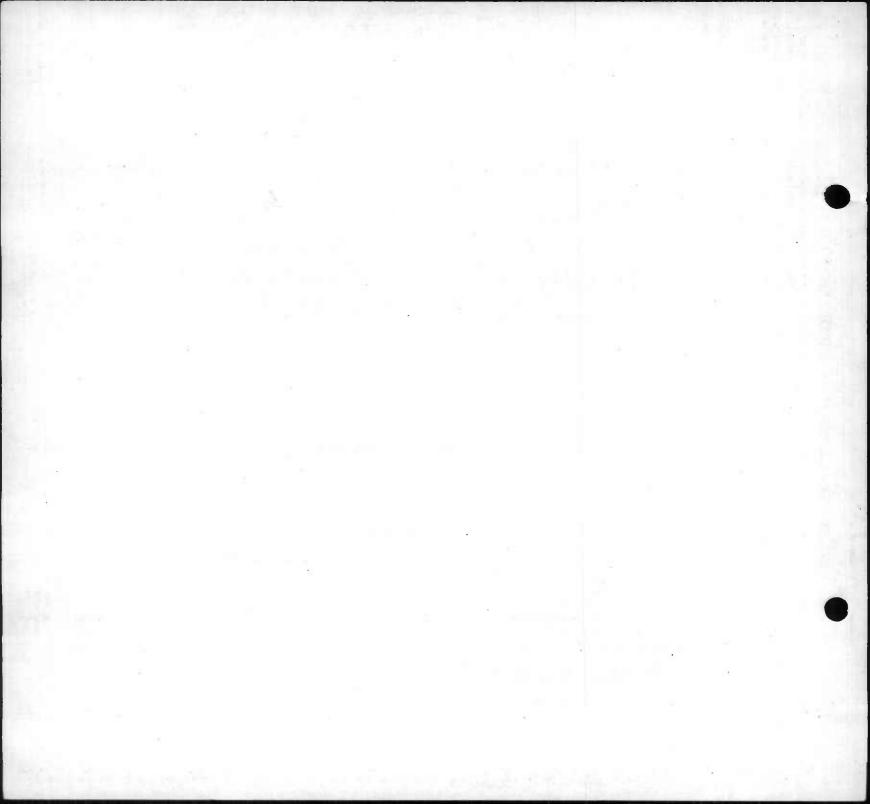
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and **FUNERAL DIRECTOR: IMPORTANT**

	4.4		HEALTH DEPARTMENT		
	н но. 65 118	CERTIFICA	TE OF DEATH	Registered No.	11862
	CASE NO. AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	2 RAOUD
		IMER ERNES	1 11/	20/65	13:50 A.M.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WKen	e deceased lived. If ins	stitution: residence before admission)
F	ULL NAME OF (II not in hospital or instiluti	on, give street	MBBUTTONd.	DAIT	0.1201
	OSPITAL OR oddiess or location) NSTITUTION		C. CITY OF JOWN CIT out	side city limits, write R	URAL and give township)
0		, .	D. STREET ADDRESS (If I	urol, give location)	
	PRANKLIN SGUARE H	03/01/14/	101 3	945+	West
5. S		HED NEVER MARRIED WED, DIVORCED (specify)		O. AGE (In years	Hunder 1 Yr. 11 Under 24 Hrs.
11	nala White	MARRIED	4/26/1880	75	Trous Doys House
iOA.	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Inch	gn country)	12. CITIZEN OF WHAT COUNTRY?
	CPA.	C/Pa/	TENNESEL	2	71.5
13. [ATHERS NAME	01	14. MOTHER'S MAIDEN NAM	AE On	,
-	lend loop	llr1	Experien	20/ 400	/mam/
15. V (Yes	Vos Deceosed Ever in U. S. Armed Forces? no oi unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	7. INFORMANT	11/1	ADDRESS
	NO NO	3/5-34-9717	Smilda 13.	Mosklen	- 11ch/10/11/39 Sh-
	18.332X	EAUSE/OF	DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		one bral the	romboris	
	(This does not mean the made of dying,		~ · · · · · · · · · · · · · · · · · · ·		
	heart failure, astheria, etc. It means the diserinjury at camplication which caused death.)	ase,			
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, give	.1			
	rise Ia lhe abave cause (A) slaling UNDERLYING CONDITION last.	ihe (C)			
	II II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO				
1 . 5	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	200 IE VEC WERE	CONSTRUCTION OF THE PROPERTY O
ERTIFI	WAS PERFORMED	OR WHICH OFERATION	ZOA. AUTOPST? (Tes of No.	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
S	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
CAL	DEATH (notify medical examine)	etc.)	ice sings, invoki occok.		
SAI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	(APPROX)	While At Work Not While At Work			
	22. I certify that (I) (this haspital) attende		0. 11	9 65 to tho	0. 20 1965,
	that (I) (we) last saw the deceased alive	on20	19.65 and the	at in(my) (aur) apir	nian death accurred on the date
1 1	and haur and fram the causes stated abave		ew the bady after death.		
	23A. SIGNATURE		A' AA I	s. v/	23B. DATE SIGNED
	It ilfreds h. he	drund M.D. Atter Phys	Director	Stoff Phys.	nov. 20, 1965
	23C. PHYSICIANS NAME (Type)		3D. ADDRESS		
214		EDIANO M.D.	FRANKLIN S	QUAKE H	OSPITAL
24A	BURIAL CREMATION, 24B. DATE	C. NAME OF CEMETERY OF CREE	1/' n/) 24D. LC	CATION (Cit	y, town, or county) (Stole)
254	DATE REC'D BY MEALTH DEPT 75B. NAM	ME OF REGISTRAL	25C. FUNERAL DIRECTOR	10sh/	ADDRESS
ZSA	1011	TE OF REGISTRAN	SIGN TOWNERAL DIRECTOR	Illamal.	ADDRESS H-1
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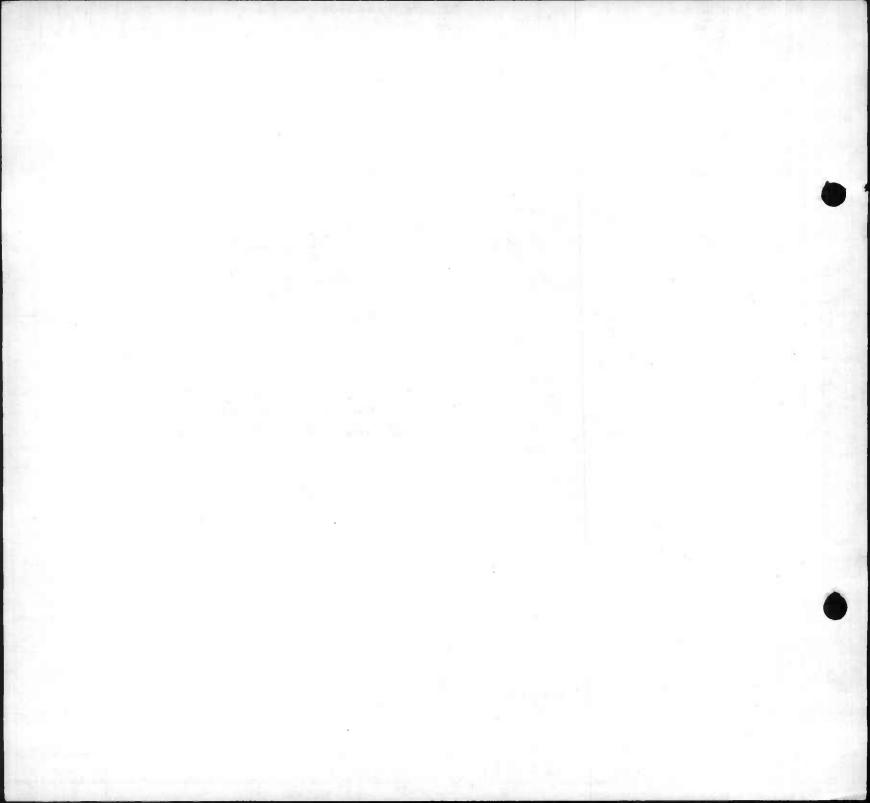
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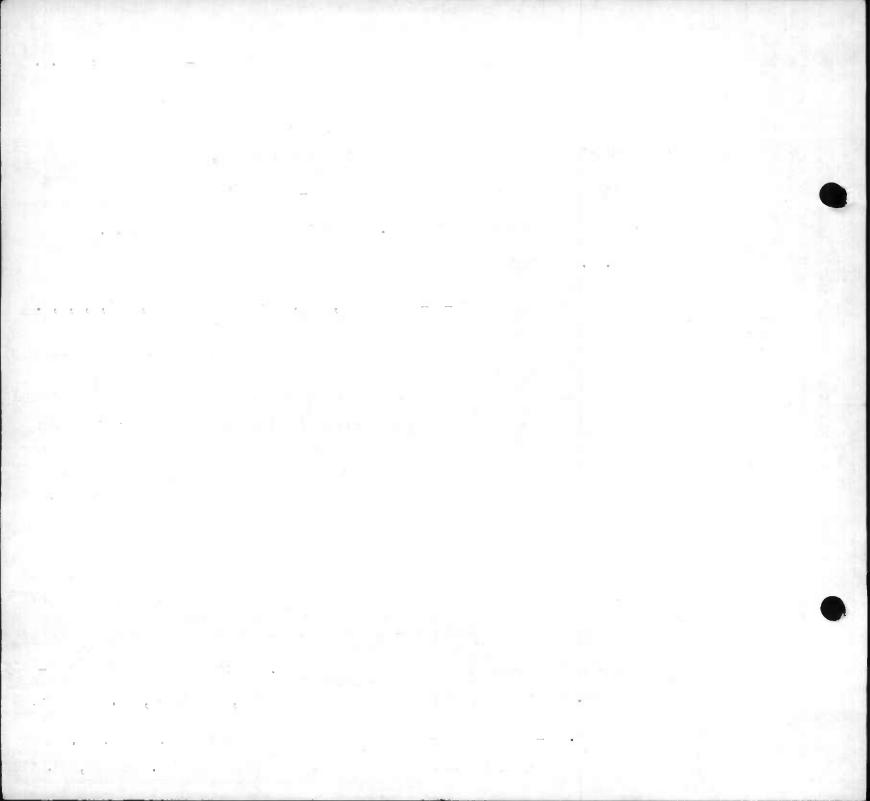
cause; (5) Deceased

haspital

BALTIMORE CITY HEALTH DEPARTMENT 65 11864 Registered No.. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 10 11 XWS 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where declared lived, If institution; residence A. STATE B. COUNTY City limits, write RURAL and give township) (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddiess of location) C. CITY OR TOWN (If outside city INSTITUTION G-5 N 7. MARRIED, NEVER MARRIED 9. AGE (In venis 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 24 His. WIDOWED. DIVORCED (specify) lost birthdoy Months Doys Hours MALE Wh.T MARRIEN IDA. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during mast of working life, even if retired) TRESIDENT 14. MOTHER'S MAIDEN NAME EDWARD 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 05 218. PLACE OF INJURY (e.g., in of obout 2 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) atc.l 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) Work 22. I certify that (1) (this hospital) attended the deceased fram ond that In(my) (our) apinian death accurred an the date that (1) (wa) last saw the deceased alive on and haur and from the causes stated above (1) (Ne) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Stoff M.D. Phy s. Director 23C. PHYSICIAN 23 D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (Stote) (City, town, or county) REMOVAL (Specify) HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

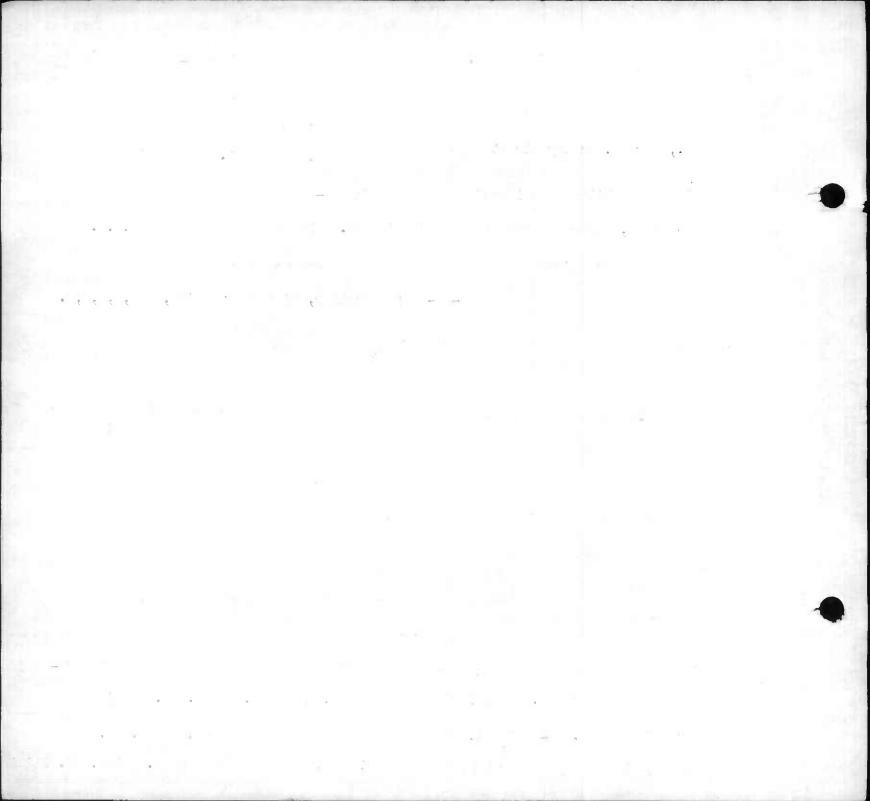


Type or Print)		DERTOK B	. HAIRFIELD		and hour of deat	
PLACE OF D	EATH IN BALTIMORE, M.		· Introduction	4. USUAL RESIDENCE	Where deceased lived, If	1965 1;30 a.m. A
FULL NAME	OF (If not in bosnito	l or institution	cive sheet	Maryland	Baltime	ore
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION				C. CITY OR TOWN (I		e RURAL and give township)
				Edgemere		53700
/ Mercy	Hospital			o. street address 2511 Wagner	(If rural, give location) Avenue,	21219
Male	6. RACE White		DDIVORCED (specify)	B. DATE OF BIRTH April 26-191	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Ooys Hours Min.
	I working life, even if retired)		ehem Steel Co.		fareign cauntry)	12, CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA		De GILL	enem Dreet Co.	Virginia	N A A A F	U.S.A.
00 71 11 11	Wm. R. Haj	rfield		Not kno		
5. Was Decens	ed Ever in U. S. Armed Fo		16. SOCIAL	17. INFORMANT	AMII	ADDRESS
Yes, no or unknov	vn) (If yes, give wor ar do	tes of service)	SECURITY NO.			
No	None-		219-07-3970		uline Hairf:	ield, # 4,a,b,c,d.
18.4-2	0,/1		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D LEADING TO DEATH		1	1-001	0/10	11/1
(This does	not mean the made o		(A) V G	NTRICULI	R FIBRI	114110N - 121
heart failure	, asthenio, etc. It meon	s the disease,)
injury of co	implication which cause		· Cos	Envary A	10 /20 Pa	all A - language
100	ANTECEDENT CAUSE				E 10KX	
	OR CONDITIONS, if he obave couse (A)		000	BRIOSCLE	0-00-00	Dan (APX) - 10/100
	NG CONDITION lost.	sioning ine	(C) HEI	51(100 CEE)		76RIES
	11				FIR	I G RILS
TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATEO TO TH	& PREVIOUS	MYOCARD		
19A. DATE C		NDITION FOR REFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes	Na) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner		S.PLACE OF INJURY (e.g., in ne, form, factory, street, off)			are City, give exact lacotion)
21D. TIME	(Month) (Day) (Year	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		Wh	nile At Not While			
22 1	.1 . 40 /.1 . 1			Alaki isa	1015	day is into
	y that (*) (this hospita			Nov 15		NOV 19 19 65
that (M) (we	e) last saw the deceas	ed alive an	NOV 19	19 <u>G</u> and	that in (my) (our) a	pinian death accurred on the de
		ated above. (l) (We) (did) (did not) v	iew the body after deo	th.	
23A. SIGNAT	URE	0				23 B. DATE SIGNED
	WM.	las a	M.O. Atte	nding Med. Director	Stoff Phys.	November 19-19
23 C. PHYSIC		1 /	2	3D. ADDRESS		
INAME	Wm. Le	gat	M.O.	Mercy Hosn	ital. Baltim	nore, Md. 21202
24A. BURIAL CE	EMATION, 248. DATE		AME of CEMETERY OF CRE			(City, tawn, or caunty) (State)
REMOVAL	(Specify)					
	Nov. 2		Oak Lawn	722	5 Eastern Av	e. Balto. Md. 2122/
ZOA. DATE REC'	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
NOV OC	100E A 4	OT	0	TOHN T DITO	7022 THE A	
NOV 22	The second secon	E. Far	BeyMA	JOHN J. DUDA	7922 Wise A	ive. Dundalk, Md. 2

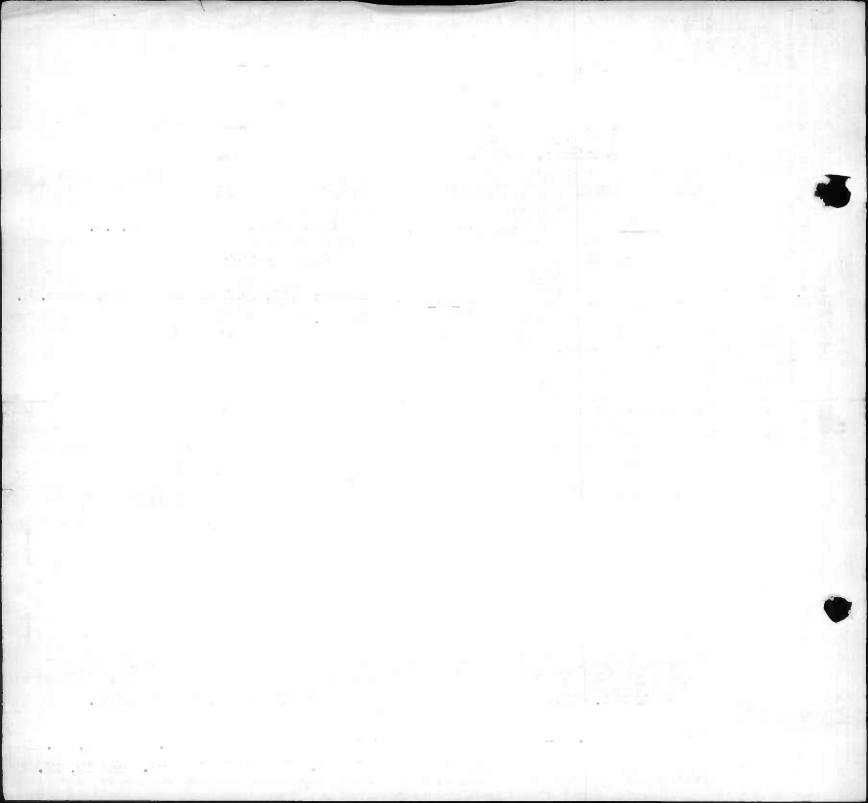


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

(Type or Print)	EASED	JACENTY	J. MAJKA	2. DA1	November 15	
3. PLACE OF DE	ATH IN BALTIMORE MA			14. USUAL RESIDENCE		If institution; residence before od
				A. STATE B. C	COUNTY	1-21
HOSPITAL OR)F (If not in hospital oddress or location	or institution, g	give street	Maryland	(If outside city limits we	ite RURAL and give township)
INSTITUTION				Baltimore		ne mem ene grot to monip.
Res.,	909 S. Curley	Street		D. STREET ADDRESS 909 S. Cui	(If rural, give location)	21224
S. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under Months Doys Hours
Male	White	Widowe	, DIVORCED (specify)	July 3- 1887	7 78	Monms: Doys Hours
done during most of	UPATION (Give kind of working life, even if retired)			ng Co. Polat		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA			5	14. MOTHER'S MAIDEN		
	Roman Majka				na Duda	
15. Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO NO	(If yes, give wor or dot	es of service)	212-10-1205	Daughter, Mis	ss Helen Majk	ca, # 4,a,b,c,d.
heart failure, injury ar car	LEADING TO DEATH nat mean the made at asthenia, etc. It means application which caused ANTECEDENT CAUSES	f dying, e.g., s the disease, d death.)	(B)		COLON & FISTULA	DINTO ONSET AND DE
heart failure, injury ar car DISEASES (rise ta th	nal mean the made at asthenia, etc. It means application which caused	f dying, e.g., s the disease, d death.) S any, giving	(A). DUE TO (B). DUE TO			Oet Z
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VS 150-REV. 1/1/65



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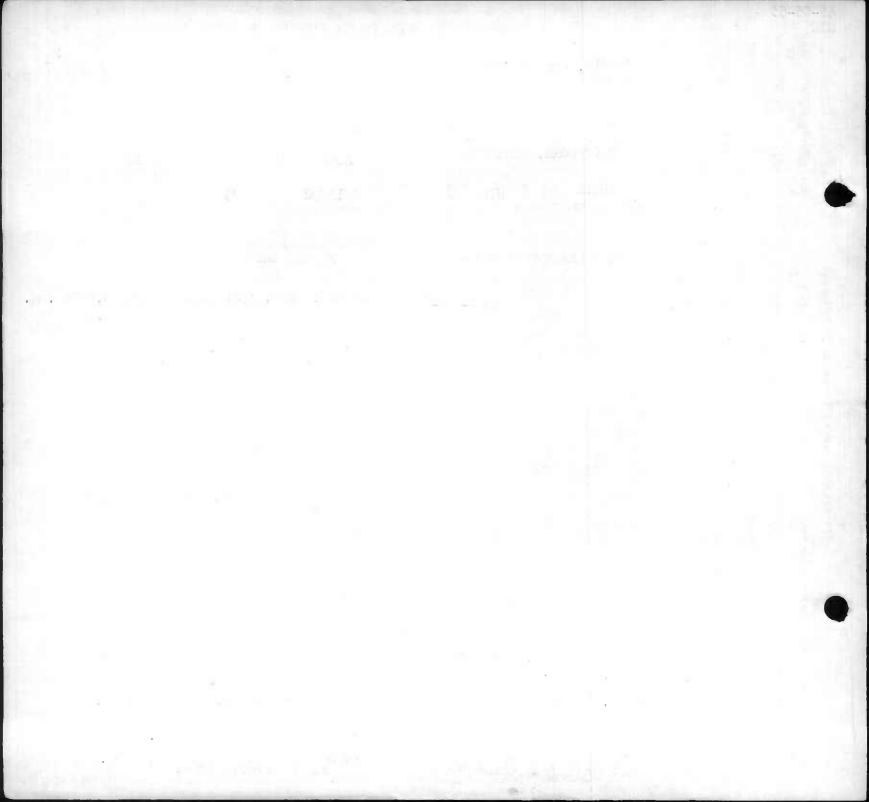
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BALTIMORE CITY HEALTH DEPARTMENT 65 11869 BIRTH NO. CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Caudle, Joseph Roba death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY MARYLAND BALTIMORE (If not in hospital or institution, give street FULL NAME OF C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE CITY HOSPITALS INSTITUTION BALTIMORE 4940 EASTERN AVENUE prior D. STREET ADDRESS (If rural, give location) BALTIMORE, MARYLAND LOOS NORTH POINT ROAD 21222 BBE B. DATE OF BIRTH 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. deceased Months Doys WIDOWED, DIVORCED (specify) lost birthdoyl Hours MALE WHITE 8/15/92 WIDOWED 73 tOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH VERNON CAUDLE FANNIE LENA GRIFFIS D 17. INFORMANT ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) final SECURITY NO. attendance RECORDS: BCH, 4940 Eastern Avenue, Balto, Md. 215-09-2968 CAUSE OF DEATH 0 2. INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH (This does not mean the made of dying, e.g., embal heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the remains UNDERLYING CONDITION last. Was 11 CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. the 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED CERTIF before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined etc.) obtained 21 D. TIME 9 (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While F (APPROX.) Work At Work ; and 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an be ond that in (my) (our) opinion death occurred on the date death) and hour and from the couses stated above. (1) (#e) (did not) view the body after death. must 23B. DATE SIGNED 23A, SIGNATURE Attending M.D. Med. 10 Phys. Director approval ō 23C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type William B. Cutts M.D. 4940 Eastern Avenue, Baltimore, Md. 21224 D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION eceased REMOVAL (Specify) written .Oak Lawn Cemetery Baltimore, Md. 11/22/65 Burial Was Schimunek Funeral Home, 3331 Brehms Lane ADDRESS TO VS 150-REV. 1/1/65



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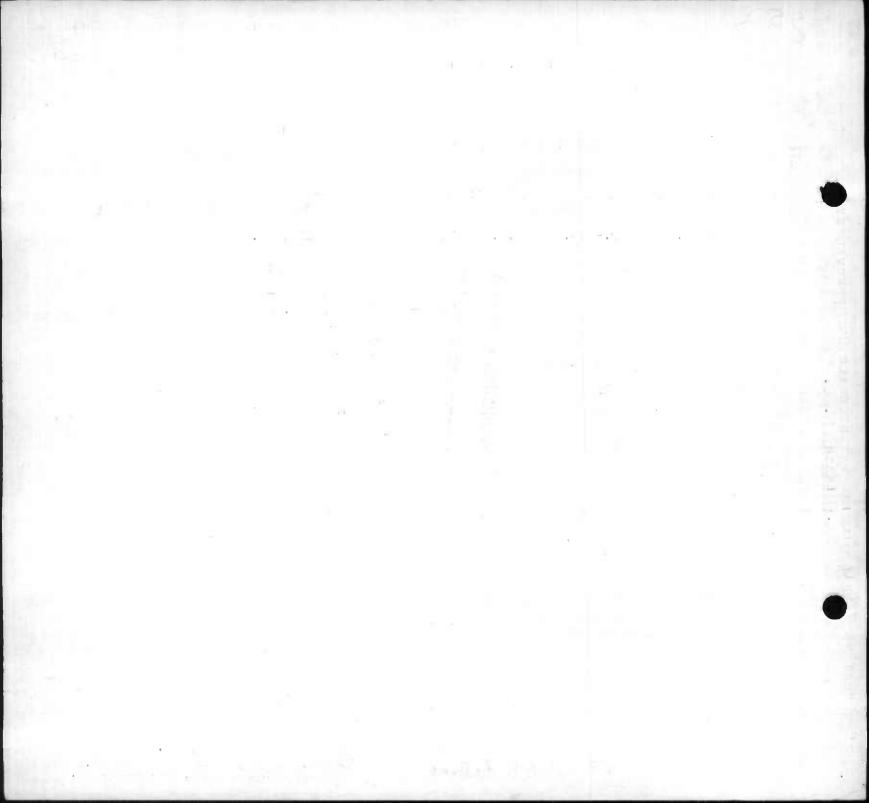
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		•			6
2.	DATE	AND	HOUR	OF	DEATH

П						-
	2.	DATE	AND	HOUR	OF	DEATH

						Josep
3.	PLACE	OF	DEATH	IN	BALTIMORE,	MARYLAND

h A. Haeffner

Nov. 17, 1965

FULL NAME OF HOSPITAL OR

RIPTH NO

M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)

INSTITUTION

(If not in hospital or institution, give street address as lacation)

Md.

C. CITY OR TOWN (If outside city limits, write RURAL and give townshi

RESIDENCE (Where deceased lived, If institution: residence befare admission)

Pimlico Race Track

Baltimore
D. STREET ADDRESS (If rural, give location)

2306 Sulgrave Ave.

5. SEX 6. RACE Male White

7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)

9. AGE (In yours Feb. 24, 1901

If Under 1 Yr. If Under 24 Hrs. Hours

Male White Single done during most of working life, even if retired)

Food Chain

11. BIRTHPLACE (Slote or foreign country) Baltimore, Md.

14. MOTHER'S MAIDEN NAME

17. INFORMANT

12. CITIZEN OF

Supervisor 13. FATHERS NAME

John A. Haeffner

Marie C. Schneider

15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown)[(If yes, give wor or dates of service)

6. SOCIAL SECURITY NO.

MYOCAPDIAL

ADDRESS

ONSET AND DEATH

No

220-07-2963

Mrs. Carmelita Miller, 2306 Sulgrave Ave. CAUSE OF DEATH

INPARCTOU

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease. injury or complication which coused death,) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost

7 RTEROSCIONTINI CARDIOVASCULAR DIKARE

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

NOME

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED NONE

208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, stroet, office bldg., INJURY OCCUR? 21 E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

MEDICAL OF INJURY (APPROX.)

(Month) (Doy) (Yeor) (Hour)

_Not While While At

22. I certify that (1) (this heapted) ottended the deceased from.... 260076 that (1) (40) last saw the deceased alive on.....

26 DUG

23D. ADDRESS

ond hour and from the couses stated above. (1) (We) (dtd) (did not) view the body after death.

23A. SIGNATURE

Attending Phys.

Med. Director 19 NOUS

(If in Boltimore City, give exact location)

26 007

23 C. PAYSICIAN'S NAME (Typo)

Malcolm S. Druskin, M.D.

2217 South Road 24D. LOCATION

(City, town, or county)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial

11/20/65

Holy Redeemer Cemetery 258 NAME OF REGISTRAR

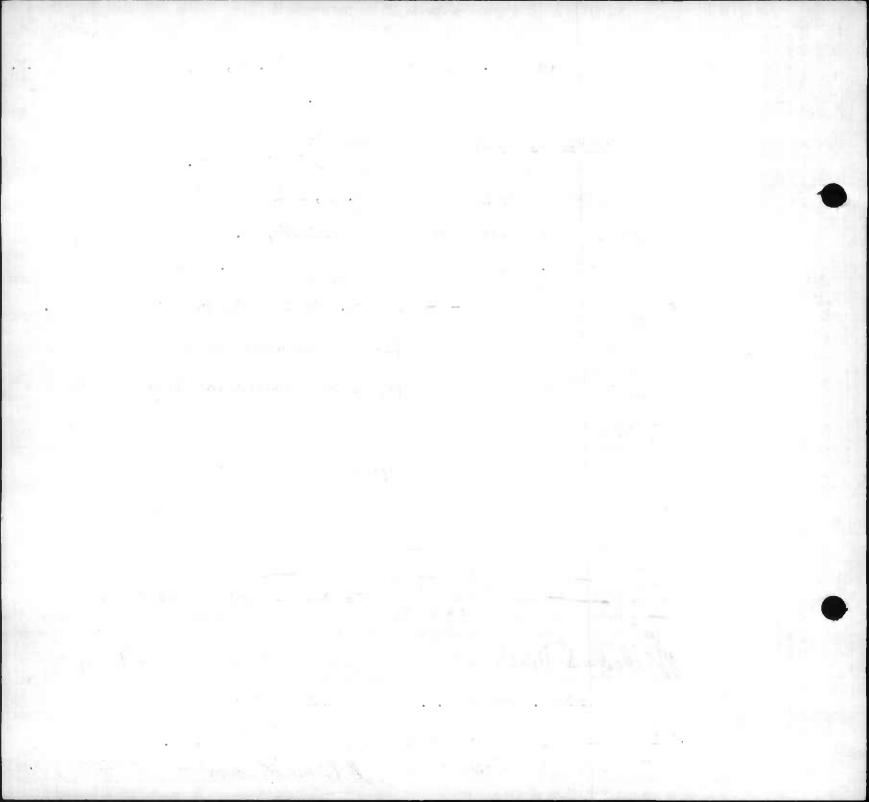
24C. NAME of CEMETERY OF CREMATORY

Baltimore, Md.

ADDRESS 4611 Park Heights Ave.

VS 150-REV. 1/1/65

the chief medical examiner physician remains Mas physician the (2) Body 0 before to the hospital by where °Z any nature; obtained 9 approved (except pup shows: (1) An accident of death) hospital the body was released 10 approval 0 prior at eceased 0.0 MOS

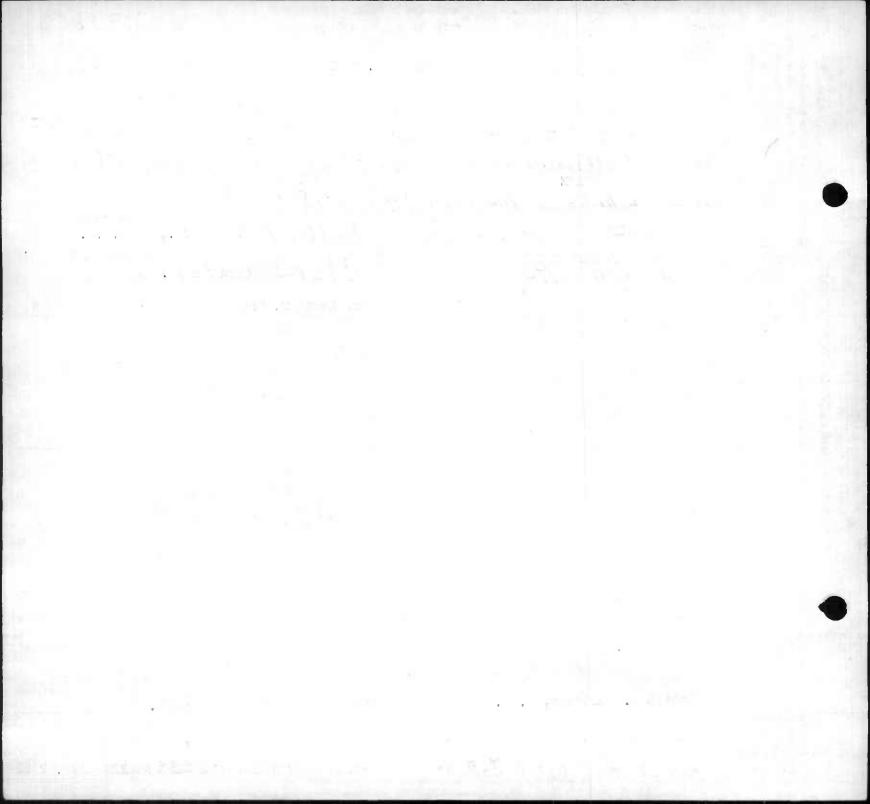


FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner.

VS 150-REV. 1/1/65

	BALTIMORE CITY HEALTH DEPARTMENT								
- 11	BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered No. 17872								
	(Type or Print) Ellen Vane ELLEN R. VANE 2. DATE AND HOUR OF DEATH 2. 13 P.M.								
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY A. STATE								
	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (C. CITY OR TOWN) (If outside city limits, write RURAL and give township)								
	SOUTH BALTIMORE GENERAL HOSPITAL Do. STREET ADDRESS (I rutol, give locotion)								
	South Baltimore General Hosp. 13 48 Washington Blud.								
5	5. SEX 6. RACE WHITE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specify) Mar. 7-13-189191031 birthday) 74 Months: Doys Hours: Min.								
2	10X USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	HOUSEWIFE Housewife Balto, Md. BALTO., U.S.A.								
200	JOSEPH HOYER 14. MOTHER'S MAIDEN NAME CLARA WATERMAN								
	15. Was Deceased Ever if U. S. Anned forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of cervice) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS								
	NO NO NONE NO. NONE Mr. Levin T. Vane C/6 1352 Washington Blvd.								
5	18. A O I I INTERVAL BETWEEN ONSET AND DEATH								
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
	(This does not meon the mode of dying, e.g., DUE TO								
3	heort foilure, osthenia, etc. Il means the disease, injury or complication which caused death.)								
Bellinging	ANTECEDENT CAUSES (8) Outline Application and Cause of the Control of the Contro								
3	DISEASES OR CONDITIONS, if ony, giving								
	rise to the obove cause (A) stoling the (C) UNDERLYING CONDITION tast.								
	, II								
	TO THE DEATH BUT NOT RELATED TO THE								
	DISEASE OR CONDITION CAUSING IT. 1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 2004. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?								
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
	(APPROX.) While At Not While At Work								
	22. I certify that (this hospital) attended the deceased from 11-3 1965 to 11-17 1965,								
	that 4F(we) last saw the deceased alive an								
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE /								
	- Robbert R. Mathdays M.D. Attending Med. Director Phys. M. 11-17-65.								
	23C. PHYSICIAN'S NAME (Type)								
	Robert R. Holthaus, M. D. South Baltimore General Hosp.								
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)								
	BURIAL 11/20/65 LOUDON PARK CEMETERY BALTIMORE, MARYLAND								
	NOV 22 1965 (P.C. & E. GISTRAR HUBBARD FUNERAL HOME 4107 WILKENS AVE. 21229								
	MAA OF 1909 (11 A 190 C) COMMENTED TOURS TOURS HOLD HAD. 5155								



written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M.E. CASE NO.	65	1187	CERTIFICA	TE OF DEA		3.20.0			
1, NAME OF DEC	FLEUN	, J.	KOHR	of the same of	NOVEMBER	18,1965 2 - A M.			
3. PLACE OF DE	ATH IN BALTIM	ORE, MARYLAND		A, STATE B	COUNTY	institution: residence before admission)			
FULL NAME D HOSPITAL OR INSTITUTION		hospital ar institu ar lacotian)	ution, give street	C. CITY OR TOWN (If autsido city limits, write RURAL and give township)					
44				BALTI, D. STREET ADDRESS	MORE (If rural, give location)				
UNION	I ME	MORIA	L HOSPITAL	2807	WEST FIEL	D AVE.			
5. SEX	CAU CA	SCAN NE	RRIED, NEVER MARRIED OWED, DIVORCED (specify) EVER MAKR (E)	9/25/24	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Month's Days Hours Min.			
dane during most of			ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?			
ENGIA 13. FATHERS NAM	ME	IEA	W. R.K.	PENNS	EN NAME	USA			
EARL	J. K	OHR		AVA	GRAYSON	MARY E. LACORS			
15. Was Daceased (Yes, na esunknown	n) (If yes, give w	ar ar dates of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
18. 4 A	WW.	11	CAUSE O	CHAR	7	INTERVAL BETWEEN			
and and		TION DIRECTLY	A -			ONSET AND DEATH			
		mode at dying,		TE MYDO	CARDIAL IN	FARCTION 6 HOURS			
injury ar con	mplication which	II means the dis h coused deoth.)							
	ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if ony, giving								
rise to th	nse to the abave couse (A) stoling the (C) UNDERLYING CONDITION last,								
7	11								
I E TO THE D		ITIDNS CONTRIB IDT RELATED TI AUSING IT.			_				
		198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Y		FINDINGS CONSIDERED AUSES OF DEATH?			
OR CONTRIB	NT WAS UNDE	E OF	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n ar about 21 C. WHERE	DID (If in Baltimo	re City, give exact location)			
21D. TIME OF INJURY	(Manth) (Day	(Year) (Haur)			DID INJURY OCCUR?				
(APPROX)			Wark At Wark		/5	(014 /9/.			
			ded the deceased from			oly 1965,			
	that (1) (we) last sow the deceased alive on Nove 18 19 65 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.								
23A. SIGNATU	URE /	1.	M.D. Alle	ending Med.	Stoff V	23B. DATE SIGNED			
23 C. PHYSICIA		oring /	Phy	s. Directo	Phys.	100.10/1103			
CHA	RLES E.	BORING	JR. M.D.	UN	ION MEMORIAL	HOSPITAL			
24A. BURIAL CRE		DATE 2	4C. NAME of CEMETERY OF CRI	EMATORY 2	24D. LOCATION	City, tawn, ar county) (State)			
DURIA DEA DATE REC'D	BY HEALTH D	21/65 L	MEDF REGISTRARY	EMETERY 125C. FUNFRALD	GORK COUI	MY, PA.			

VS 150-REV. 1/1/65

1965 Robert E. Farley MA

A Johnson 8521 Joch Kausen Blus

UNION MEMORING HOSTIGH 2807 WEST FIELD FLE

M CAUCASIAN MEDER MAKED 9/25/24 41

ENGINEER PEMI R.R. PENNSYVANIA VIII

EARL J. KOHR AVA GRAYSON

CHAKT

ACUTE MYDEARDIAL IN FARCTICY CHESS

OW

NON 59 - L. MON . J.

(1 LES E. ED H.C, J.

LOS EL TAL ESTATE DE TAL

X HOV: 18, 1965

IMPORTANT FUNERAL DIRECTOR:

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Suci

death.

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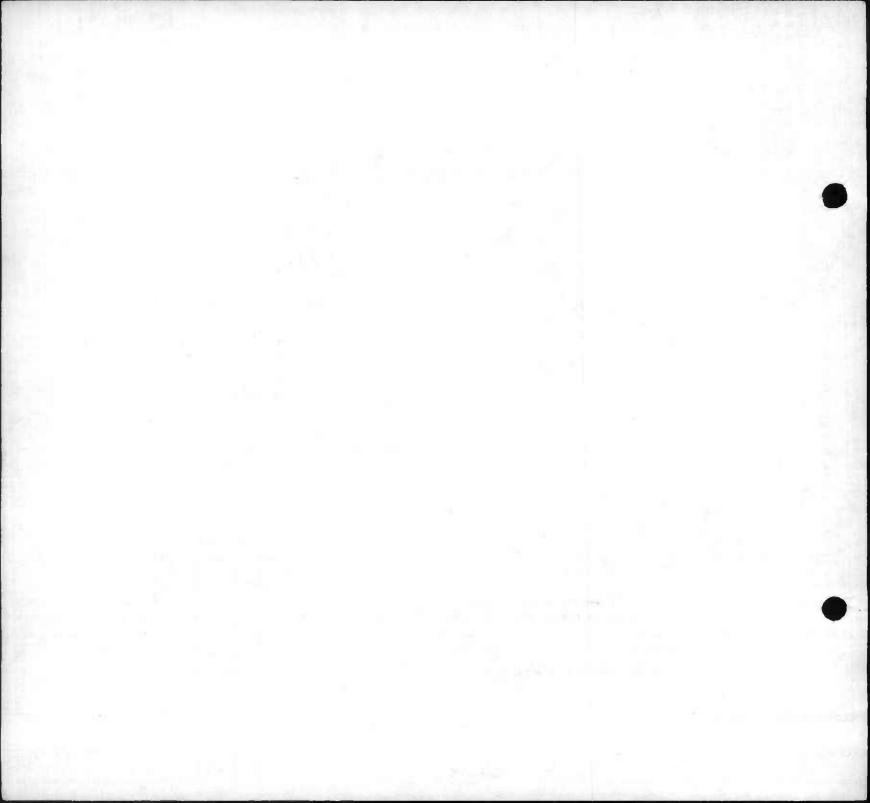
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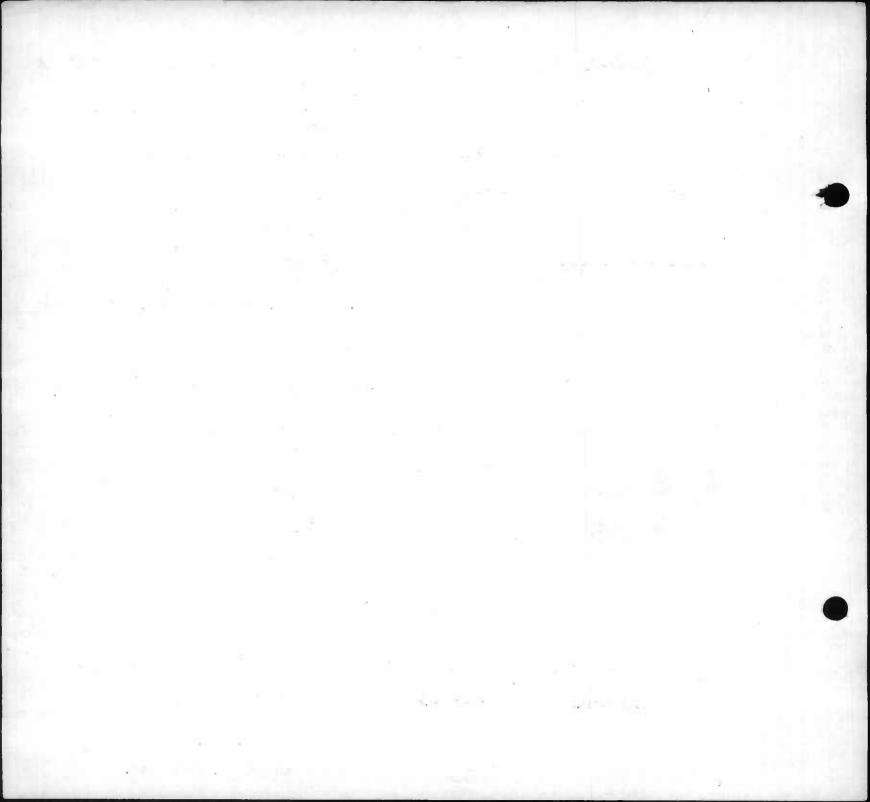
(4) Undetermined cause; (5) Deceased contributing cause of death prior occurred made. regular deceased disposition = MOS the assistant leath LO kind; final attendance any pronounced 0 his ō embalmed the chief medical examiner gular who 9 are 3 physician remains Was physician the Body the before to the hospital by 3 where ° any nature; obtained 9 approved (except and An accident of hospital death) the body was released must certificate must 0 approval O prior to deceased was D.O. written shows:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No.65 1187A BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 20 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) B. COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or instilution, give street oddress or location) (If outside city limits, write RURAL and give township) OSS 1= D. STREET ADDRESS MIVERS em 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify) lost birthdoy) 10 owed IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Decased Ever in U. S. Armed Force (Yes, no or Inknown) (If yes, give wor or dates 6. SOCIAL 17. INFORMAN ADDRESS SECURITY NO. NONE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, heart foilure, osthenio, etc. It means the disease. injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. RTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CE 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C WHERE DID hame, lorm, factory, street, office bldg., INJURY OCCUR? in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC 21 D. TIME OF INJURY (Month) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not WE (APPROX.) Work At Wor 22. I certify that (1) (this hespital) attended the deceased from un 19.11/20/6 and that in (my) (out) opinion death occurred on the date that (I) (we) lost sow the deceased alive on and hour and from the causes stated above. (1) (Wg) (did) (did-not) view the body after death. 23A. SIGNATUR 23 B. DATE SIGNED Attending Med. Director M.D. Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24C. NAME OF CEMETERY OF CREMATORY REMOVAL (Specily) FUNERAL DIRECTOR

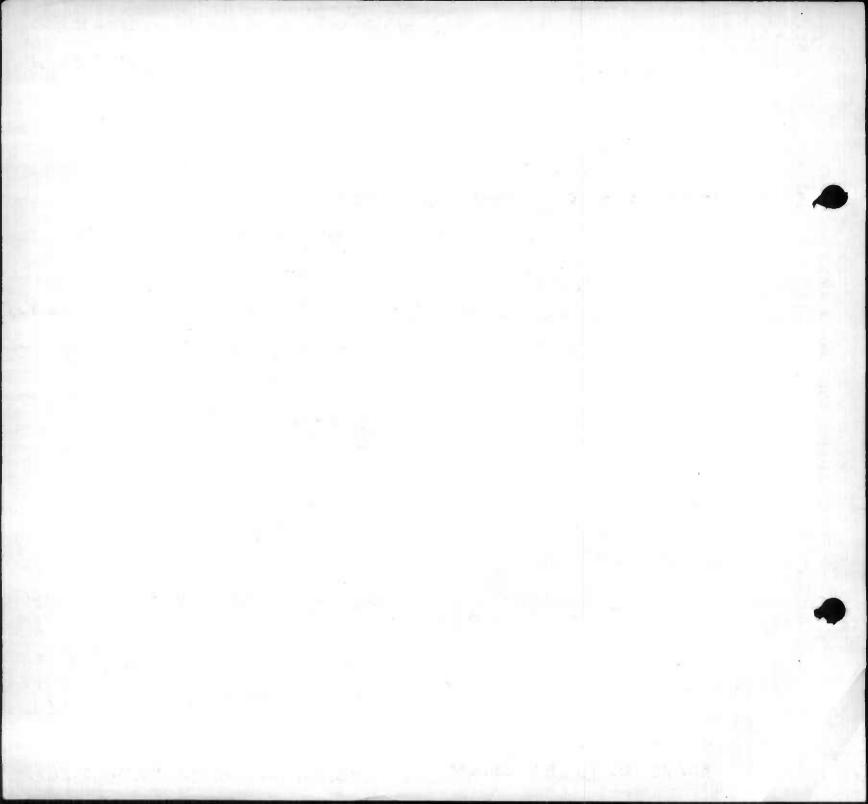


	BALTIMORE CITY HEALTH DEPARTMENT								
	H NO.	CERTIFIC	CATE OF DEATH Registered No.	65 11875					
	AME OF DECEASED	D. Stewart	2. DATE AND HOUR OF DEAT	220					
FL	LACE OF DEATH IN BALTIMORE		4. USUAL RESIDENCE (Where deceased lived If A. STATE B. COUNTY Maryland						
	OSPITAL OR oddress or le	o cotion)	c. city or town (If outside city limits, white /Baltimore	RURAL and give township)					
3.	The Johns Hop	kins Hospital	D. STREET ADDRESS (If rural, give location) 817 North Wolfe Str						
5. SE	emale Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify Married	July 6, 1885 B. DATE OF BIRTH July 6, 1885 9. AGE (In years lost birthday) 80	If Under 1 Yr. If Under 2 Months Days Haurs A					
dane	USUAL OCCUPATION (Give kind of during mast of warking life, even if reeacher		Oakland, Virginia	12. CITIZEN OF WHAT COUNTRY?					
	athaniel Carte	r	14. MOTHER'S MAIDEN NAME Susie Slow	No see					
15. W	Vas Deceased Ever in U. S. Anno, no or unknawn) (If yes, give wor a	ed Forces? 116. SOCIAL	17. INFORMANT	ADDRESS					
	10 2 3 3 7 7 7 7	CAN	Mr. Walter J. Stewart 8	L7 N. Wolfe Stree					
	DISEASE OR CONDITION		A . A A	ONSET AND DEAT					
	LEADING TO DE	ATH (A)	CVN	9 days.					
	heart failure, asthenia, etc. It minjury or camplication which consider the constant of the co	USES (B) OUE TO if ony, giving (A) stoting the (C)	HASCUD	many yes					
ATION	OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO THE							
	19A. DATE OF OPERATION 198.	CONDITION FOR WHICH OPERATION S PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WER IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?					
AL	21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (natify medical examiner)	are City, give exact lacation)							
AEDI	21D. TIME (Month) (Day) OF INJURY (APPROX.)	White At Not	While Wark						
	22. I certify that (1) (this hospital) attended the deceased from 11/9/ 1965 ta 11/18 1969								
	that (1) (we) last saw the deceased alive on 11/18 19 65 and that In (ms) (aur) apinian death accurred an the								
	and have and from the causes stated abave (1) (We) (did) (did nat) view the bady after death.								
		All //A / II		238 DATE SIGNED					
2	23A. SIGNATURE BRICK	S. Cobrahold M.D.	Phys. Director Phys.	11/18/65					
2		S. Jan varios	Attending Med. Director Phys. 23D. ADDRESS M.D. Attending Med. Director Med. Phys. 44 Address M.D. Director Med. Director Med. Med. Med. Director Med. Med. Director Med. Med. Director Med. Med. Med. Director Med.	238. DATE SIGNED					
	23A. SIGNATURE	6 ROBINHOLD	Phys. Director Phys. 23D. ADDRESS M.D. 23D. ADDRESS	238. DATE SIGNED 11/18/65 City, town, or caunty) (S					
24A.	23C. PHYSICIAN'S NAME (Type) DA IVIEL BURIAL CREMATION, 24B. DA REMOVAL (Specify)	6 ROBINHOLD	Phys. Director Phys. 123D. ADDRESS M.D. JHJ OF CREMATORY 24D. LOCATION (11/18/65					



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT												
	H NO.	65 1187	6	CEF	RTIFICA	TE OI	DEATH	1	Registered No.	65 3	1876	
1. N	AME OF DECE	ASED	/ /	,			2. DATE	AND	HOUR OF DEATH			
	PLACE OF DEAT	H IN BALTIMORE M	ARYLAND	orney	/		RESIDENCE (/// Where	deceosed lived. If in	963T	7, 30 sidence before odr	A,M.
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)						Maryland 28-41						-
1	INSTITUTION					Baltimore C. CITY OR JOWN (If outside city limits, write RURAL and give township)						
0	42010	covland	AV			42	of Grov	Pla	ol, give location) 1d Ave		4 1111	
5. S	EX	RACE		IED, NEVER MA		B. DATE C	FBIRTH		AGE (In years of birthdoy)	If Under Months		24 His. Min.
11	1ale	white	w	100 we	d	10/6	197		68			
10A		PATION (Give kind of working life, even if retired		OF BUSINESS	OR INDUSTRY	11. SIRTH	LACE (Stote of	foreign	country)	12. CITIZ	EN OF	
5	eptar)	Ch	urch		mo	VV/7	no	1	U	5A.	
13.	FATHER'S NAM	E	0 77	, , ,		14. MOTH	ER S MAIDEN	NAME				
	Char	1.0 5 ED	nne	1		Th.	04 P.SA	4.	4915			
15.	Was Deceased	ver in U. S. Armed F	oices?	1 6. SOCIAL		17. INFOR	WANT				ADDRESS	
	No or unknown)	Ilf yes, give wor or do	oles of servi	2/5-/	TY NO.	Wali	60 BF	-	101185	2 0	Ikros	A
	1B. 4 2	2121		10.00	CAUSE O	F DEATH		DIG	1		INTERVAL BETWEE	
	L	OR CONDITION E	н		(A) Q	Cut	= M-	for	carditis	•	1 day	1000 til-4440 pg
	hearl failure, a	I meon the mode sthenia, etc. It mean licotion which cous	s the dise		DUE TO	`	0 "	A	. 0 -	. (
		NTECEDENT CAUS			(B) C	scu	kar a		noselera	40 2	5 Jea	20
		CONDITIONS, if			(C) Cer	ed (Eugen	ac (Pectaris		_	
		CONDITION last.										
LTION	TO THE DE	CANT CONDITIONS ATH BUT NOT RE	LATED TO	TING THE	1	50						
CERTIFICATION	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				RATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
AL	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner)		21B. PLACE OF home, form, foc etc.)	INJURY (e.g., in tory, street, of	fice bldg., I	NJURY OCCUP	D R?	(If in Boltimore	e City, give	e exoct locotion)	
EDIC		(Month) (Doy) (Yeo	r) (Hour)	21E, INJURY O	CCURRED		IF. HOW DID	INJUR	Y OCCUR?			
×	(APPROX.)			While At	Not Whil	e						
		(/ () / . () = (1)	Work	At Work	5	1	10	45 10 M	rent		-
		hat (1) (this haspit		1/21	d from	sofe	15				195	
	thot (I) (we) I	ost sow the deceo	sed alive	on // U.V.	9	19.	and and	d that	in (my) (our) opi	nion deat	h occurred on t	he date
		from the couses st	ated obov	e. (I) (We) (did) (did not) v	iew the b	ady ofter dea	oth.				
	28A. SIGNATUR	F. Oa	ala	lean	M.D. Atte	ending X	Med. Director	St	off ny s.	23B. DAT	1/18/63	-
	23 C. HYSICIAN	r's pel				23D. ADDR	ESS ,			VE		
244	BURIAL CREM	ATION, 24B, DATE	1241	C. NAME of CEA	M.D.	13	ALTI	040/ D. LOC	RE, MI	ity, town, o	2/229	Stotel
L	Burial	11/201	65 N	lew Cat.	hedral	Com	cteryle	Balt	timore, 1	Mary	land	0167
25A	NOV 22	1965 (O.)	25B. NAM	a Deumin	K	25C. F	Iters 8	IDR	ralHome	Prot	+Staring	-
vs	150-REV. 1/1/65	5		16		(3				- F		



Such

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IMPORTANT
DIRECTOR:
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the body was released to the haspital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An accident of any noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased wos in regulor oftendance on the wos D.O.A. ot o hospitol (except where the physician who pronounced death wos in regulor ottendance or deceosed prior to death); ond (6) No physician wos in regular ottendance on the deceased prior to death. This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in written approvol must be obtained before the remains are embolmed or final disposition is made.

		BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 65 11	877	CERTIFICA	TE OF DEATH Registered No.	5 11877
M.E. CASE NO. 1. NAME OF DECEASED			2. DATE AND HOUR OF DEATH	J .4,32.0 F 4,1
(Type of Print) Ray, Floyd Ha	blor		November 18, 1965	7:20 A
3. PLACE OF DEATH IN BALTIMORE, A	AARYLAND		4. USUAL RESIDENCE (Where deceased lived, If institu	
			A. STATE B. COUNTY	- Land
HOSPITAL OR oddiess or loco	of or institution, giv tion)	e street	Maryland C. CITY OR TOWN (If outside city limits, write RUR	705
Veterans Administrat	ion Hospii	ta1	Baltimore	AL one give township)
3900 Loch Raven Blvd		-	D. STREET ADDRESS (If juiol, give location)	
Baltimore, Maryland				
5. SEX 6. RACE		EVER MARRIED	B. DATE OF BIRTH 9. AGE (In years 16	Under 1 Yr. If Under 24 Hrs.
Male Negro	WIDOWED, Marri	DIVORCED (specify)	4/17/19 lost birdoy	Under 1 Yı. If Under 24 Hrs. onths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of widone during most of working life, even if retired		USINESS OR INDUSTRY	11. BIRTHPLAC (Stote or foreign cou y)	2. CITIZEN OF WHAT COUNTRY?
Pipefitter		d Drydock	North Carolina	U.S.A.
3. FATHERS NAME	210123		14. MOTHER'S MAIDEN NAME	O.D.A.
Mhowa a Parr			Ella Candy	
Thomas, Ray				
5. Was Deceased Ever in U. S. Armed I Yes, no or unknown) (If yes, give war or d	otes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS MA
Yes 12/18/bh to	1/9/16	246 24 2378	Veterans Hospital, Balto.,	Mu
18. / (3 X)			OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION I	DIRECTLY			ONSET AND DEATH
LEADING TO DEAT		(A) Aden	ocarcinoma, right upper lobe	2½ years
(This does not mean the mode heart foilure, osthenio, etc. It mea	of dying, e.g.,		with extension to middle &	
injury or complication which caus			lower lobe	
ANTECEDENT CAUS	ES	(B)	\$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	••••••••
DISEASES OR CONDITIONS, in	f any, giving	501.10		1,
rise to the obove cause (A UNDERLYING CONDITION last.	A) stoling the	(C)		•
UNDERLING CONDITION Ides.				
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
TO THE DEATH BUT NOT RE	LATED TO THE			
		IICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINE	DINGS CONSIDERED
198. CO WAS P	ERFORMED		Yes IN CERTIFYING CAUSE	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PI	LACE OF INJURY (e.g., i		ty, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home,	form, foctory, street, o	office bldg., INJURY OCCUR?	
U) (11) (25 (815	
21D. TIME (Month) (Doy) (Yes		NJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While Work	At Work		
22. I certify that 11) (this haspit	tal) attended the	deceased from Se	pt. 15. 1965 to Nov. 1	8, 1965
that (K (we) last saw the decea			1965 and that in (My) (our) opinion	
and haur and fram the causes s				. death decorred an ine day
23A. SIGNATURE	idled dodve. M	(ne) (ala) Jajay 170)		B, DATE SIGNED
4	PT	M.D. All		11/19/65
	· Chu	Phy		TT/ T2/ 02
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	
YOUNG E. CHUN		M.D.	Veterans Hospital, Balto.,	Md.
24A. BURIAL CREMATION, 24B. DATE	24C. NAN	AE of CEMETERY or CR		own, or county) (State)

22 VS 150-REV. 1/1/65

1965 Robert

25 Balto. National Baltimore Md 256. NAME OF REGISTRAR 250 FYNERAL DIRECTOR ADDRESS 6 E. Farbey MA Jurnell S. Oden Baltimore, Md

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BALTIMORE CITY HEALTH DEPARTMENT

			£		
1. NAME OF DE				AND HOUR PRONOUNCED	
	DORA	WILKENS		ember 19, 1965	
3. PLACE IN BAL	TIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE	B, COUN	ution: residence before odmissi NTY
FILL NAME OF	ME NOT IN HOSPITAL OF	INSTITUTION CAVE STREET	Maryla		
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	C. CITY OR TOWN (If or	tside corporate limits, write	RURAL ond give township)
11/6			Baltim	ore	4-13
4 6 Lu	theran Hospital	BURNES HANDER	D. STREET ADDRESS (If r	urol, give location)	
1			1835 P	ennsylvania Av	enue
5. SEX			8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months, Doys, Hours, Min
Female	Negro	OWED, DIVORCED (specify)	4 13, 2	37	Monms Doys Hours Mile
	CUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo		12. CITIZEN OF
	working life, even if retired)	by the	4	the heart	WHAT COUNTRY?
3. FATHER'S NA	AAE /	O ameste	14. MOTHER'S MAIDEN N	AME I I	ONA
S. PAINER'S IVA	1. James		DA /	TAIRS	
-cour	The fact of		Seuce		
	ED EVER IN U.S. ARMED FOR		17. INFORMANT	Lee Kishwa	Appress
no		219-38-5396	7 Dunn) Bar auc	Colonswille In
18. 44- 67	^ ^	CAUSE	OF DEATH	1.27	INTERVAL BETWEEN
1 %	0101				ONSET AND DEAT
DISEA	ASE OR CONDITION DIRECT LEADING TO DEATH		osclerotic Hea	rt Disease.	
(This does	not meon the mode of dyin	Q e.g., DIE TO			
injury or co	e, osthenio, etc. It meons the omplication which caused death.)			
	ANTECENDENT CAUSES				
	OR CONDITIONS, IF ANY,	GIVING (B)	***		
RISE TO TI	HE ABOVE CAUSE (A) STATIN				
_	ING CONDITION LAST.	(C)	om=====o=o=o=o=o=o=o=o=o=o=o=====		
₫	1				
OTHER SIG	GNIFICANT CONDITIONS CON	TRIBUTING			
and to tile	DEATH BUT NOT RELATED	O TO THE			
-	F OPERATION 198. CONDITION	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE FIN	DINGS CONSIDERED
Ö	WAS PERFORM		Yes	IN CERTIFYING CAUSE	ES OF DEATH? Yes
ZIA. EXTERN	AL CAUSE WAS	21B. PLACE OF INJURY (e.g., is			
UNDERLYING	OR CONTRIB-	home, form, foctory, street, of	fice bldg., INJURY OCCUR	?	
Z OID TIME	OSE OF DEATH.				
OF INJURY	(Month) (Doy) (Year) (I	1001) 21E. INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	With the latest terms of t
(APPROX.)		WHILE AT NOT V	VHILE		



CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S

Autopsy X

Suicide _

ASSOCIATE MEDICAL EXAMINER

DATE SIGNED 11/20/65

NAME (Type) Charles S. Petty, M.D. 23C. NAME of CEMETERY or CREMATORY 23A. BURIAL CREMATION,

I certify that I held an Inquiry

resulted from: Natural causes 🗴

Inspection

Accident

Hamicide ___

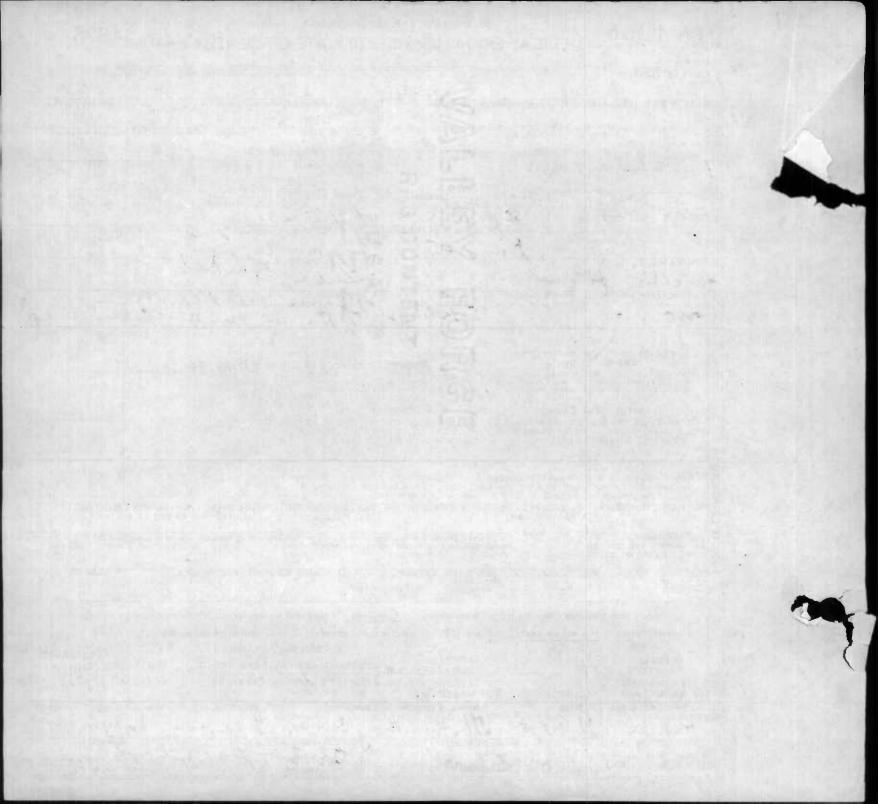
(City, town, or county)

VS 151-REV. 1/1/65

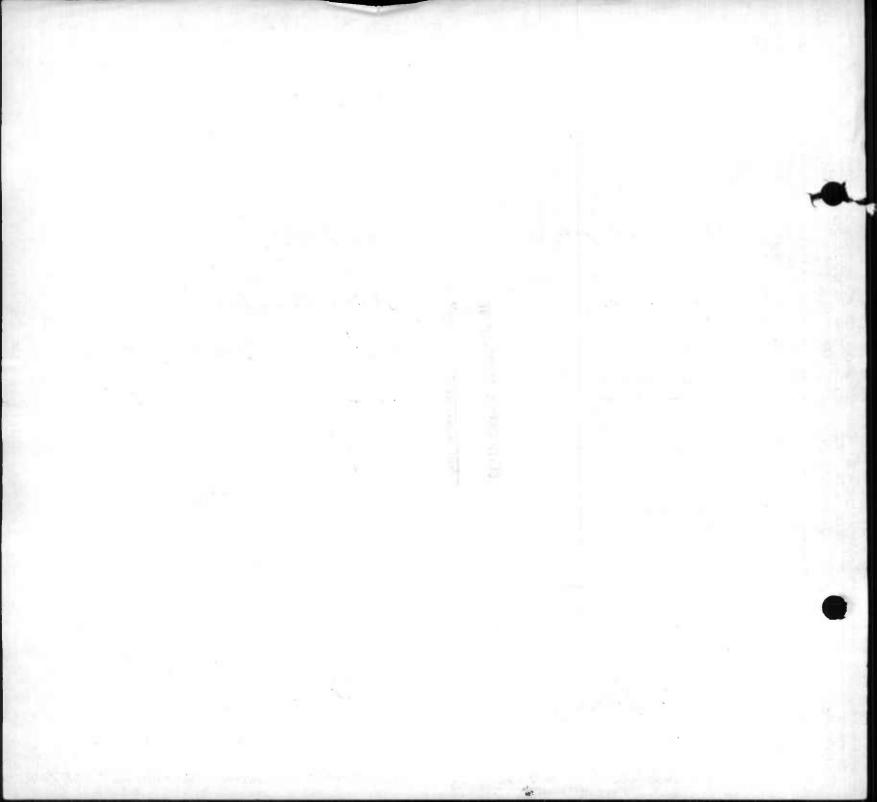
23D. LOCATION

and that an this basis, death in my apinian

Undetermined manner



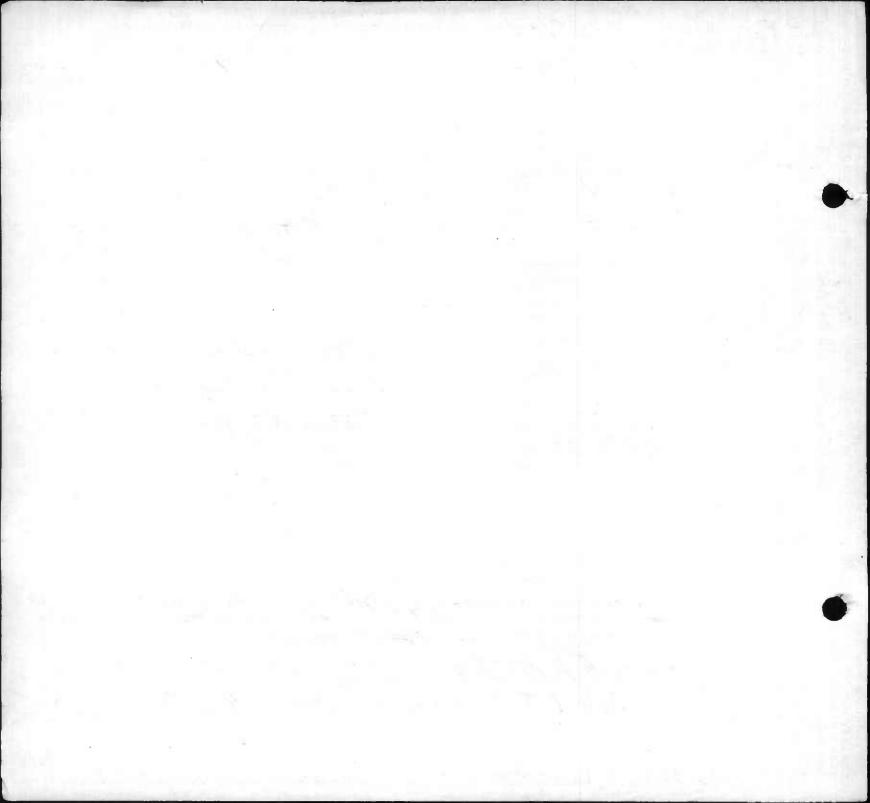
BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

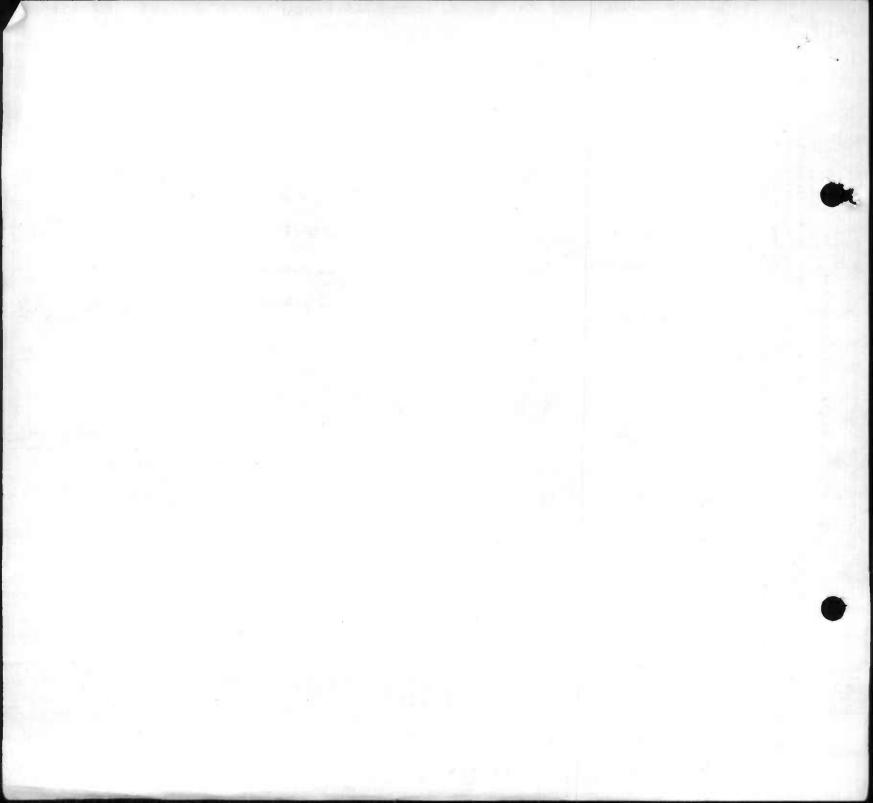
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	11000
BIRTH NO. 3 965 11880	CERTIFICA	TE OF DEATH Registered No.	11880
M.E. CASE NO.	021(11110)		
(Type or Print) Schultz, Ea	dward	2. DATE AND HOUR OF DEATH	65 9:30 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	stitution: residence before odmission)
FULL NAME OF (If not in hospital or institution and oddress or location)	. /)	C. CITY OR TOWN (If outside city limits, write I	RURAL (ond give township)
INSTITUTION Sinai 1408P	i tal	White Marsh	5320
Ht Caltino	Re, Md.	D. STREET ADDRESS (If rurol, give locotion)	N
5. SEX 6. RACE 7. MARRI	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
7-1	Markied	7/28/1914 31	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)		811	12. CITIZEN OF WHAT COUNTRY?
Mechanix H.T	.Campbell	14. MOTHER'S MAIDEN NAME	054
Lewis Schultz			
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Elizabeth Clo	man Address
(Yes, no or unknown) (II yes, give wor or dotes of service)	security No. 215-10-6723	Mrs Viola M. Schultz RedI	
18. /63 X I	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	9	President in	I was bearing
(This does not mean the made of dying, e.		The manual	
hearl failure, asthenio, etc. It means the disea injury or complication which coused death.)	se,	Probable Ca China	sull 2 months
ANTECEDENT CAUSES	DUE TO	J4004 W	
DISEASES OR CONDITIONS, if ony, givinise to the above couse (A) stoling I UNDERLYING CONDITION tost.		tartate aprend to current gree	-l '('c ')
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			3
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	DR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or obout 21C. WHERE DID (II in Bollimore ffice bldg., INJURY OCCUR?	e City, give exact location)
21D. TIME (Month) (Doy) IYeor) (Hour) 2	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	While At Not While Work At Work	le	
22. I certify that (1) (this haspital) attended	d the deceased fram	11/125 19 65 to 11	19.65.
that (1) (***) last saw the deceased alive o	n	19 65 and that In (my) (our api	nian death accurred on the date
ond haur and from the causes stated above.	. (I) (We) (did) (did not)	view the body after death.	
23A. SIGNATURE	Streng M.D. Att	ending Med. Stoff rs. Director Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	Hopt, been M.D.	23D. ADDRESS	B.14.
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (Ci	ty, town, or county) (Stote)
Burial 11-20-1965	Gardens of Fai	th emetery Baltimore Co.	Md.
1	E OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS (34)
NOV 22 1965 Ren & E. da. vs 150-REV. 1/1/65	Step M.A.	trasplantamenal Ho	740/Boler Read



BALTIMORE	CITY	LIEALTH	DEDADT	MACKE
DOLLIMONE	CHI I	DEALTH	PEFARI	WELL

BIRTH NO. CEDTIFICA	TE OF DEATH Registered No. 65 11881
M.E. CASE NO.	O LIOUI
TI. NAME OF DECEASED (Type of Pinit) FANNE	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (West deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution give street oddiess or location)	C, CITY OR TOWN (If outside city limits, write RURAL and give township)
42 mai ruguar	D. STREET ADDRESS (If juin), give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 YI. If Under 24 Hrs. Months; Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)	Lithuania What country? USA
13. FATHERS NAME Meyer By II	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no out unknown) If yes, give wat at dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Undergon Unhan	DE DEATH JOHNTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(A) (This does not meen the mode of dying, e.g., head foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	envarian mulsies swell
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.	seriosolerotie andwardy Direce
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	etes melletus & Supertilly
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., i OR CONTRIBUTING CAUSE OF home, form, loctory, street, or DEATH (notify medical examined)	in ar about 21 C. WHERE DID (If in Baltimare City, give exact location) in JURY OCCUR?
21D. TIME (Month) (Doly) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (ABROY) While At Not While	21F. HOW DID INJURY OCCUR?
(APPROX.)	
22. I certify that (I) (this hospitat) attended the deceased fram that (I) ((we) last saw the deceased alive an	
and hour and from the couses stated above (1) (We) (did) (did nat)	19 5 to 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 10 65. 10 65. 10 65. 10 65. 10 65. 10 65. 10 65. 10 65. 10 65. 10 65.
and hour and from the couses stated above (1) (We) (did) (did nat)	19 5 to 19 65. 19 65. 19 65. 19 65. 19 65. 19 65. 238. DATE SIGNED
that (I) (we) ast saw the deceased alive an and hour and from the couses stated above (I) (We) (did) (did nat) 23A. SIGNATURE M.D. Att. Phy	19 5 to 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 19 65, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75, 10 75,
that (I) (we) ast saw the deceased alive an	and that In(my) (aur) epinlon death accurred an the date view the bady after death. 238. DATE SIGNED 230. ADDRESS 230. ADDRESS
that (I) ((we) last saw the deceased alive an and hour and from the couses stated abaye. (I) (We) (did) (did nat) 23A. SIGNATURE M.D. Att. Phy 23C-PHYSICIAN'S. NAME (Lype) 24A. BURIAL CREMATION, (24B. DATE 24C. NAME of CEMETERY of CRI REMOVAL (Specify)	and that In(my) (aur) opinion death accurred an the date view the bady after death. 23B. DATE SIGNED Phys. 23D. ADDRESS EMATORY 24D. LOCATION (City, town, or county) (State)
that (1) ((we)) last saw the deceased alive an	and that In(my) (aur) opinion death accurred an the date view the bady after death. 23B. DATE SIGNED Phys. 23D. ADDRESS EMATORY 24D. LOCATION (City, town, or county) (State)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	11000		CITY HEALTH DEPARTMENT	1	11000
BIRTH NO.	65 11882	CERTIFI	CATE OF DEATH	Registered No.	11882
M.E. CASE NO. 1. NAME OF DECEA (Type or Print)	/,		2. DATE A	NO HOUR OF DEATH	- 10- A
141		MMINS	Nou	1. 18,196	5 1120 1
. PLACE OF DEAT	H IN BALTIMORE, MARYLAN	ib	A. STATE B. COUN		stitution residence before admission
FULL NAME OF	(If not in hospital or insti	itution, grve street	C. CITY OR TOWN (If ou		Dill
INSTITUTION		n n	PAITI ON	itside city limits, write R	WRAL ond give township)
111 UNI	ON MEMOR	IAL HOSPIT	D. STREET ADDRESS (III	rural, give location)	
49			3315	MITH A	UP,
SEX 00 -1 - 6		ARRIED, NEVER MARRIED DOWED, DIVORCED (speci-	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
MAIE	While	MARRIED	4/15/8/	84	
	ATION (Give kind of work) 108, K rking life, even it retired)	IND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State or fore	rign country)	12. CITIZEN OF WHAT COUNTRY?
MERC	HANT J	EWELRY	RUSSIA		U.S.A.
3. FATHER'S NAME	GILBERTO		14. MOTHER'S MAIDEN NA	ME	
	EN C	UMMINS	HANNI	9H .	
Yes, pa ar unknown) (I	ver in U. S. Armed Forces? If yes, give wor or dates of s		17. INFORMANT		ADDRESS
UNK.		UNK.	MRS, KEI	BECCA CUN	IMINS-JAME
18. 420	, / 1		SE OF DEATH		ONSET AND DEATH
	OR CONDITION DIRECTLY EADING TO DEATH	f	ULMONARY EDE	MA	6 hrs
	meon the mode of dying sthenio, etc. It meons the d		0		
	icotion which coused death		Manager Day		Chin
AN	NTECEDENT CAUSES	(B)	MYOCARDIAL INF	-MKC 17 DIV	
	CONDITIONS, if ony, obove couse (A) sloting	giving (C) A	RTERIUSCLE ROTIC	HEADT DICE	EAGE
	CONDITION losi.	(0) 77	11.010.00		
7	11				
E TO THE DEA	CANT CONDITIONS CONTRACT BUT NOT RELATED	TO THE			
19A. DATE OF C		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B, IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF C	WAS PERFORME	D	No	IN CERTIFYING CAL	JSES OF DEATH?
OR CONTRIBUTE	WAS UNDERLYING D	21B. PLACE OF INJURY home, form, foctory, str	(e.g., in ar obout 21 C. WHERE DID	(If in Baltimare	City, give exact location)
DEATH (notify it	nedical exomined	etc.)			
OF INJURY	Month) (Doy) (Yearl (Hou			IURY OCCUR?	
(APPROX)			While Work		
22. I certify th	nat 🗰 (this hospital) atte	4 -		19 65 to	100, 18 1965
that 📆 (we) le	ast saw the deceased aliv	ve an 100118	19 0S and th	nat in 🍎 (aur) apir	nion death accurred an the d
and haur and t	fram the causes stated ab	oave. 🗊 (We) (did) (wiew the bady after death.		
23A. SIGNATURE	2 0	A	A	5	23B, DATE SIGNED
4.0	van lust	UN M.D	Phys. Director	Stoff Phys.	(4021/81/96.
NAME (Typ	L. EVAN CU	STER		MORIAL HOS	PITAL /
			M.D.		
REMOVAL (Sp.	ecify) 24B. DATE	24C. NAME of CEMETERY	OF CREMATORY 24D. I	LOCATION (Cit	ly, town, or county) (Stote:
Durial	11/19/65	1 likes tobesh	Delh mull 3	allemore,	Maryland
25A. DATE REC'D 8	Y HEALTH DEPT. 258. N	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R L	ADDRESS A
			Dol Sevenson	4 LRM. DAC	6010 Keisteistrur
S 150-REV. 1/1/65					

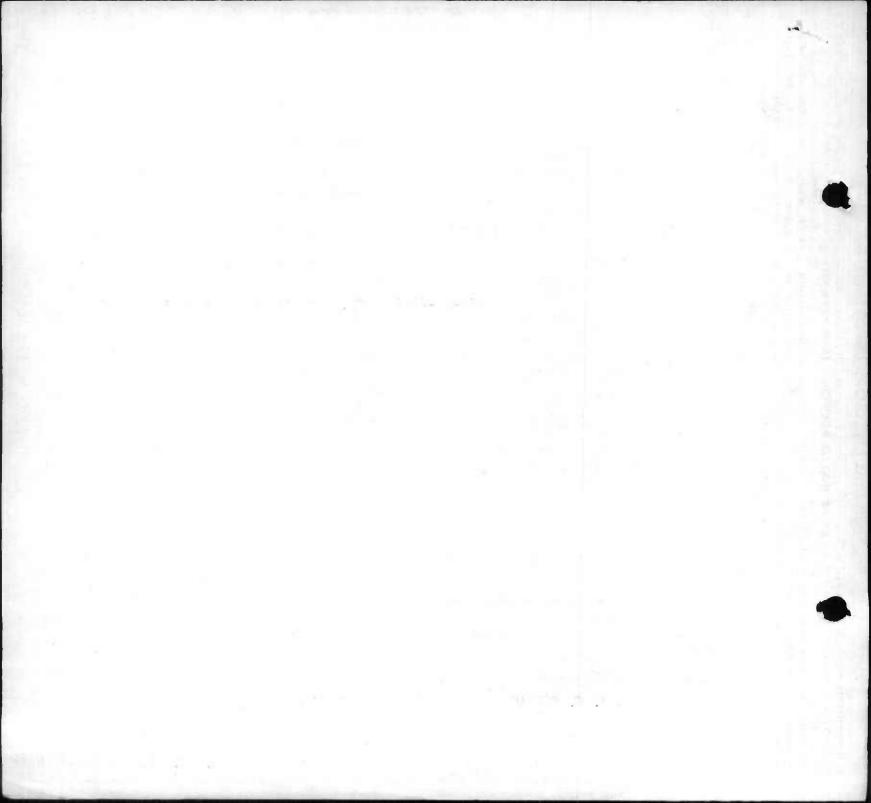
5	5	1		
INI	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death?	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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OR	ass if t	ny	dan	or fi
MP	lso,	of a	ten.	pe
	A .	ure	r at	alm
FUNERAL DIRECTOR: IMPORTANT	examiner.	(3) A fracti	in regular	is are embe
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	te n	מכנ	was D.O.A. at a hospital deceased prior to death)	DAO
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BALTHAODE	CITY	LIFALTIL	
BALTIMORE	CITY	HEALIH	DEPARTMENT

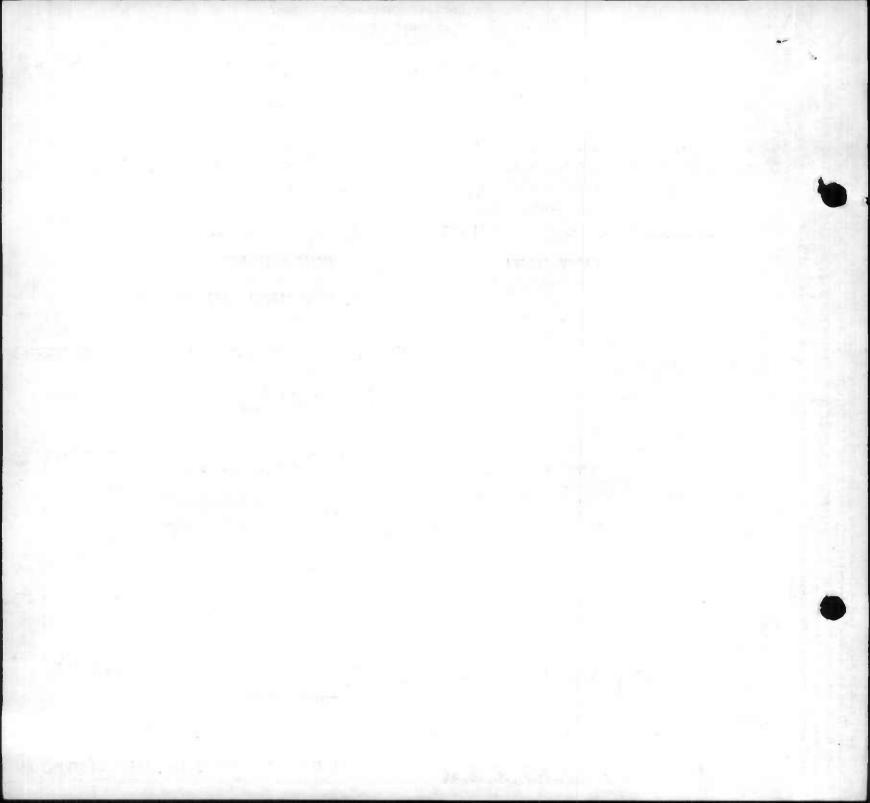
BIRTH NO. 65 11883	CERTIFICA	TE OF DEATH	Registered Na.	55 11883
M.E. CASE NO. 1. NAME OF DECEASED	,		HOUR OF DEATH	
(Type or Print) Noth	- a diesa si	11/	16/6-	1 6 En P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR oddress or locotion)	tion, give street	4. USUAL RESIDENCE (Where A. STATE B. COUNT	Etimore	27-16
INSTITUTION		Baltimo		
42 Smir & Balton	ngre-		rol, give location)	Road
MAG White WID	RIED, NEVER MARRIED OWED, DIVORCED (specify) MARRIED	? - 10	AGE (In yeors st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
TAILOR	CLOTHING	RUSSIA		USA
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	E	ush
SHIA LANDMAN		TIBELA	?	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of serv	SECURITY NO. 218-32-4988	MRS. DORA LANDM	AN 4544 PI	
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour)	e.g., DUE TO eose, (8) DUE TO iving the (C)	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CAL	INTERVAL SETWEEN ONSET AND DEATH MORLO FINDINGS CONSIDERED USES OF DEATH? City, give exoct locotion)
OF INJURY (APPROX.)	While At Not While Work Nork	le 🗀		
22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. G. CORMAN	an // /6/65 ve. (1) (We) (did) (did nat) v M.D. Att. Phy	view the bady after death.	in(my) (our) aple	nion death accurred on the date
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	WORKMENS CIRCLE	EMATORY 24D. LO		ly, town, or county) (State)
	ME OF REGISTRAR	SOL LEVINSON &	BROS. INC. 6	010 REISTERSTOWN R

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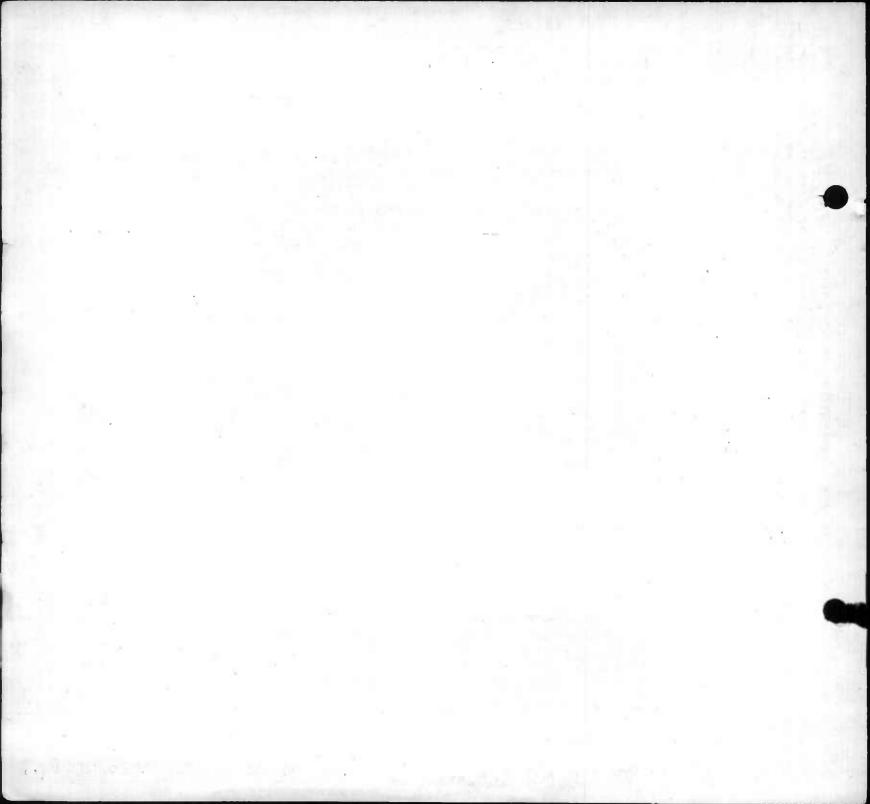
	11004	BALTIMORE CITY	HEALTH DEPARTMENT		
	н но. 65 11884	CERTIFICA	TE OF DEATH	Registered No	65 11884
	AME OF DECEASED		2 DATE AND	HOUR OF DEATH	00 11002
	e ar Printl ACOB	SIEGEL		18-65	11:45 A
3. [LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If in	stitutians residence befare admissi
_ 1	FULL NAME OF (If not in hospital ar institut HOSPITAL OR address or lacotion) NSTITUTION		C. CITY OR TOWN (Ill outside	D de city limits, write R	RURAL and give township)
1	SINA'I HOSPITA		BALTIMOR	R.	
	BACTO. 15, Md	AUE.	3314 CLEN	ol, give location) J AUFE	(15)
5, 5	MALE WHITE WIDO	MED, NEVER MARRIED (Specify) MARRIED (Specify)	1-1-1901	AGE (In years	If Under 1 Yr. If Under 24 Hours Min.
t0A don	USUAL OCCUPATION (Give kind of work 10 B. KIN) during most of working life, even it retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
4	DeoKER	REAL ESTATE	2, Th UAN	IA	USA
13.	FATHER'S NAME HARRY SIEGEL		14. MOTHER'S MAIDEN NAME ANNIE WEINB		
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Tes	i, na orunknawn) (If yes, give war ar dotes af servi NO		MRS. ROSE SIEGEL	. 3314 GLE	
10	18. 42011 7-260)	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi lise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	TENIOSCENOTIC PASCULAN DI	5000l	'. YEARS
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING DLD MYOC	melitus Anoiar Infan		joyeens!
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, at	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
MEDIC	21D. TIME (Manth) (Day) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJUR	RY OCCUR?	
	22. I certify that (I) (this hospital) attend	ed the deceased from	7/18/19	65 10	11/18 196
	that (1) (we) lost sow the deceased alive	1			nion death occurred on the d
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22. I certify that (I) (this hospital) attended the deceased from 11 - 12 that (I) (we) ast saw the deceased alive an 12 that (I) (we) ast saw the deceased alive an 15 that (I) (we) ast saw the deceased alive an 17 that (I) (we) ast saw the deceased alive an 19 that in (my) (aur) apinian death accurred and hour and fram the causes stated abave. (I) (we) (did) (did nat) view the bady after death. 23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) N.D. Attending Med. Stoff Phys. 1 1 - 17 23C. PHYSICIAN'S NAME (Type) N.D. FIAMICLUM SQUARE (aunty) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24C. NAME of CEMETERY of CREMATORY Woodlawn Md	CAL CERTIFIC	OTHER SIGNIFT TO THE DE DISEASE OR CONTRIBUT DEATH (natify to	obave cause (CONDITION Iasi. II ICANT CONDITION ATH BUT NOT ICONDITION CAUSINO CAUSINO OPERATION 198. (WAS	S CONTRIBUTING RELATED TO THE NG IT. CONDITION FOR WI PERFORMED 218. P hame,	PLACE OF INJURY (e.s	a, in or obout 21 C. WHERE D	IN CERTIFYING CA	AUSES OF DEATH?
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and hour and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23C.PHYSICIAN'S NAME (Type) NEW ITH SUMBER 24D. Address M.D. FILHWICLUM SOUGHE / O 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY or CREMATORY Woodlawn Md	DICAL CERTIFIC	OTHER SIGNIFITO THE DE DISEASE OR CONTRIBUT DEATH (natify (APPROX.)	obave cause (CONDITION Iasi. II ICANT CONDITION ATH BUT NOT I CONDITION CAUSIN OPERATION 198. (WAS T WAS UNDERLYIN TIMG CAUSE OF medical examiner) (Month) (Day) (Yang)	S CONTRIBUTING RELATED TO THE NG IT. CONDITION FOR WI PERFORMED 218, P hame, etc.) earl (Haur) 21E, I While Wark	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Not W. At W.	office bidg., INJURY OCCU	IN CERTIFYING C. ID (If in Baltimo	AUSES OF DEATH?
23A. SIGNATURE 23A. SIGNATURE M.D. Attending Med. Director Staff M.D. Attending Med. Director M.D. Med. Director M.D. Med. Director M.D. Med. Med. Med. Med. Med. Med. Med. Med	DICAL CERTIFIC	OTHER SIGNIFITO THE DE DISEASE OR CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.)	obave cause (CONDITION Iasi. II ICANT CONDITION ATH BUT NOT ICONDITION CAUSIN OPERATION 198. (WAS T WAS UNDERLYIN TING CAUSE OF medical examiner) (Month) (Day) (You hat (I) (this hosp	S CONTRIBUTING RELATED TO THE NG IT. CONDITION FOR WI PERFORMED 218. P hame, etc.) earl (Haur) 21E. I While Wark	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Mot Was deceased from	office bidg., INJURY OCCU	IN CERTIFYING C. ID (If in Baltimo P) INJURY OCCUR?	AUSES OF DEATH? (A) (A) (A) (A) (A) (A) (A) (A
23A. SIGNATURE 23A. SIGNATURE M.D. Attending Med. Director Staff M.D. Attending Med. Director M.D. Med. Director M.D. Med. Director M.D. Med. Med. Med. Med. Med. Med. Med. Med	DICAL CERTIFIC	OTHER SIGNIFITO THE DE DISEASE OR CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.)	obave cause (CONDITION Iasi. II ICANT CONDITION ATH BUT NOT ICONDITION CAUSIN OPERATION 198. (WAS T WAS UNDERLYIN TING CAUSE OF medical examiner) (Month) (Day) (You hat (I) (this hosp	S CONTRIBUTING RELATED TO THE NG IT. CONDITION FOR WI PERFORMED 218. P hame, etc.) earl (Haur) 21E. I While Wark	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Mot Was deceased from	office bidg., INJURY OCCU	IN CERTIFYING C. ID (If in Baltimo P) INJURY OCCUR?	AUSES OF DEATH? (A) (A) (A) (A) (A) (A) (A) (A
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NEWITH SUME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 11-20-1965 Woodlawn Woodlawn Md	DICAL CERTIFIC	other signification of the UNDERLYING OTHER SIGNIFITO THE DE DISEASE OR CONTRIBUTION OR CONTRIBUTION (APPROX.) 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	obave cause (CONDITION last. II ICANT CONDITION ATH BUT NOT II CONDITION CAUSIN OPERATION 198. (WAS T WAS UNDERLYIN TING CAUSE OF medical examiner) (Month) (Day) (Yang) hat (I) (this hosp last saw the dece	S CONTRIBUTING RELATED TO THE NG IT. CONDITION FOR WI PERFORMED 218, P hame, etc.) ear) (Haur) 21E, I While Wark	PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form, foctory, foct	win or obout 21C. WHERE Doffice bidgs, INJURY OCCU 21F. HOW DIE /hile	IN CERTIFYING C. ID (If in Baltimo R? D INJURY OCCUR? 19 65 ta d that in (my) (aur) apath.	AUSES OF DEATH? (A) (A) (A) (A) (A) (A) (A) (A
NENITH CUARET M.D. FIZHMICLUM SQUARE 10 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 11-20-1965 Woodlawn Woodlawn Md	DICAL CERTIFIC	or insection of the UNDERLYING OTHER SIGNIFT TO THE DE DISEASE OR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR (APPROX.) 21.A. ACCIDENT (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATUR	obave cause (CONDITION last. II ICANT CONDITION ATH BUT NOT I CONDITION CAUSIM OPERATION 198. (WAS T WAS UNDERLYIN TIMG CAUSE OF medical examine) (Month) (Day) (You hat (I) (this hosp last saw the decent from the causes IE	S CONTRIBUTING RELATED TO THE NG IT. CONDITION FOR WI PERFORMED 218, P hame, etc.) ear) (Haur) 21E, I While Wark	PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form, foctory, foct	/hile 21F. HOW DIE /hile 19 1 or / view the bady after de Attending Med. Director 19 Med. Director	IN CERTIFYING C. ID (If in Baltimo R? D INJURY OCCUR? 19 65 ta d that in (my) (aur) apath.	AUSES OF DEATH? (A) (A) (A) (A) (A) (A) (A) (A
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Burial H-20-1/0/ Wooddawn	MEDICAL CERTIFIC	or inse lo lhe UNDERLYING OTHER SIGNIFT TO THE DE DISEASE OR CONTRIBUT DEATH (natify to that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAM NAME (Ty) A. BURIAL CREM	obave cause (CONDITION last. III ICANT CONDITION ATH BUT NOT INCONDITION CAUSING OPERATION 198. (WAS T WAS UNDERLYIN TING CAUSE OF medical examiner) (Month) (Day) (Y. (Month) (Day) (Day) (Y. (Month) (Day) (Day) (Y. (Month)	S CONTRIBUTING RELATED TO THE NG IT. CONDITION FOR WI PERFORMED G 218. P hame, etc.) ear) (Haur) 21E. I While Wark ital) attended the pased alive an stated abave. (I)	PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form, foctory, form, foctory, form, foctory, street, form, foctory, foctor	office bldg., INJURY OCCU 21F. HOW DIE while and the property of the propert	IN CERTIFYING C. ID (If in Baltimo R?) INJURY OCCUR? 19 65 ta Id that in (my) (aur) apath. Staff Phys. 4	AUSES OF DEATH? (1) (1) (2) (3) (4) (5) (6) (7) (7) (9) (4) (7) (6) (7) (7) (7) (7) (8) (9) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7)
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PLACE OF DECEASED BURRIER, MILDRED L PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	2. DATE AND HOUR OF DEATH	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)		8:57A
HALLA HALL	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL	salta ond give township)
40 ST. AGNES HOSPITAL	D. STREET ADDRESS (If rurol, give locotion) 1323 RIDGE RD. #28	3-00
FEMALE WHITE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 9. AGE (In years lift U Mon 5-8-15 50	nder 1 Yr. If Under 24 Hrs ths Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR to during most of working life, even if refired) HOUSEWIFE	W.VIRGINIA	CITIZEN OF WHAT COUNTRY? J.S.A.
CLYDE OBELL	THELMA COOK	
Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of service) NONE	ST. AGNES HOSPITAL RECORI	ADDRESS #29 DS; CATON AVE.
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Elateral Pricuxioni	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF	in or obout 21 C. WHERE DID (If in Boltimore City, office bldg., INJURY OCCUR?	give exact location)
DEATH (notify medical examiner) etc.)	21F. HOW DID INJURY OCCUR?	
DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED While At Not Will Work Not Will		BER XM 19 65

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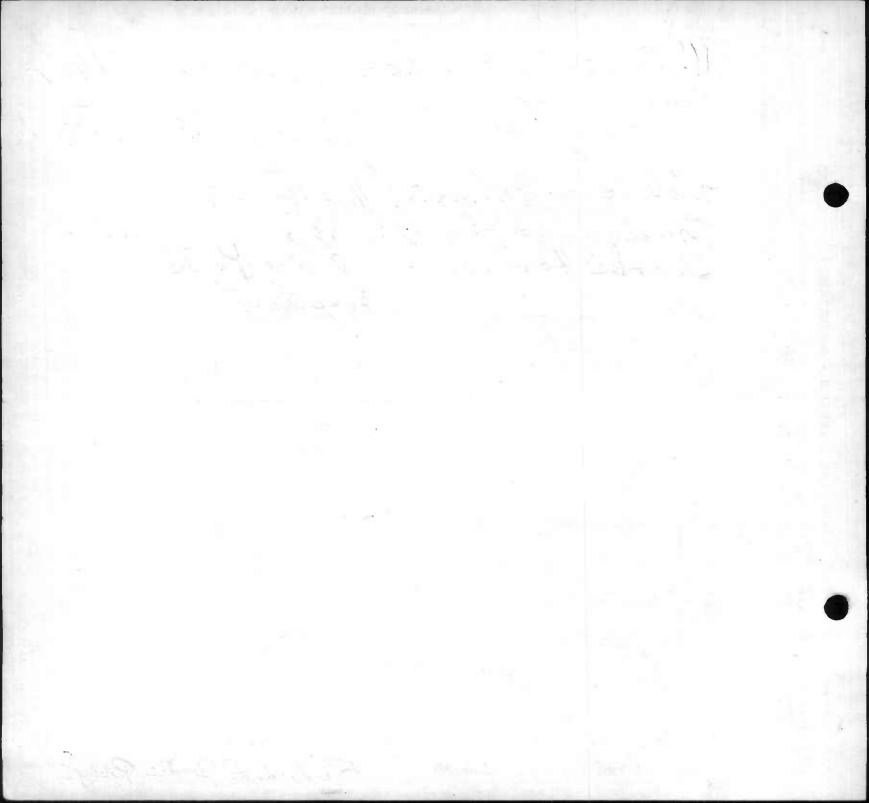
(a) to

3-1-2

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shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

		Y HEALTH DEPARTMENT	F 4 4 2 2
	H NO. 65 11887 CERTIFICA	ATE OF DEATH Registered No.	5 11887
11. N	CASE NO. ANTE OF DACRASED	2. DATE AND HOUR OF DEATH	- 1.1 -
	LACE OF DEATH IN BALTIMORE MARCLAN	4. USUAL RESIDENCE Where declared lived, if insti	lution residence Selves addresion
		A. STATE B. COUNTY	57
11	ULL NAME OF IT not in hospital or institution, give street and oddress or location)	C. CITY OR TOWN (If autside city limits, write RU	RAL ond give township
	Hospital	Rising Su	m. Tural
4	0 /	D. STREET ADDRESS (If must give locofion)	
5. 5	EX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years last, birthdow)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Mark Course. Manual	4/13/1/16 49	
	USUAL OCCUPATION (Give kind of work 108. KIND OF JUSINESS OR INDUSTR	Y DA BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	ALLERY NAME OF	14. MOTHER'S MAIDEN NAME / L	401
	Charles Hartine	alice it alex	
15.	Nas Deceased Ever in U. S. Armed Forces? , na ar unknawn)(If yes, give war or dales of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	1/0 177-10-9506	Hosp Charl	
	7001	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rangem Antens	
	(This does not mean the mode of dying, e.f., heart failure, asthenia, etc. It means the disease,		()
	injury or complication which caused death.)	ceffication of	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	guero for the	grade 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	use to the obove couse (A) stoling the UNDERLYING CONDITION tost.	land Lucase	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED.	20 A. AUTOPSY? (Kes or No.) 20 B. IF YES, WERE FIN	IDINGS CONSIDERED
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AL C	21 A. A. C. C. DENT WAS UNDERLITING 21 B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	in grobout 2TC. WHERE DID (If in Bultimore Coffice bldg., INJURY OCCUR?	City, give exact lacation)
20	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
ME	OF INJURY (APPROX.) Work Not White At Not Wh		/ /
	22. I certify that (1) (this haspital) attended the deceased from	11/17/ 1965 10 11/	17. 6.5
	that (I) (we) last saw the deceased olive on		on death occurred on the date
	ond hour and from the couses stated obove. (H) (We) (did) (did not)		
		ttending Med. Staff	3B. DATE SIGNED
	23C. PHYSICIAN'S	23D. ADDRESS	11/1/100
	NÂME (Type) M.D	ş.	
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City,	lawn, ar caunty) (State)
K	urial 11-20-65 Conower	go Cem. Conowing	is mil.
25/	NOV 22 1965 P. O. F. E. TO JOHN A.	25C. FUNERAL DIRECTOR	ADDRESS MA
VS	150-REV. 1/1/65) letard F. John	Troing sein

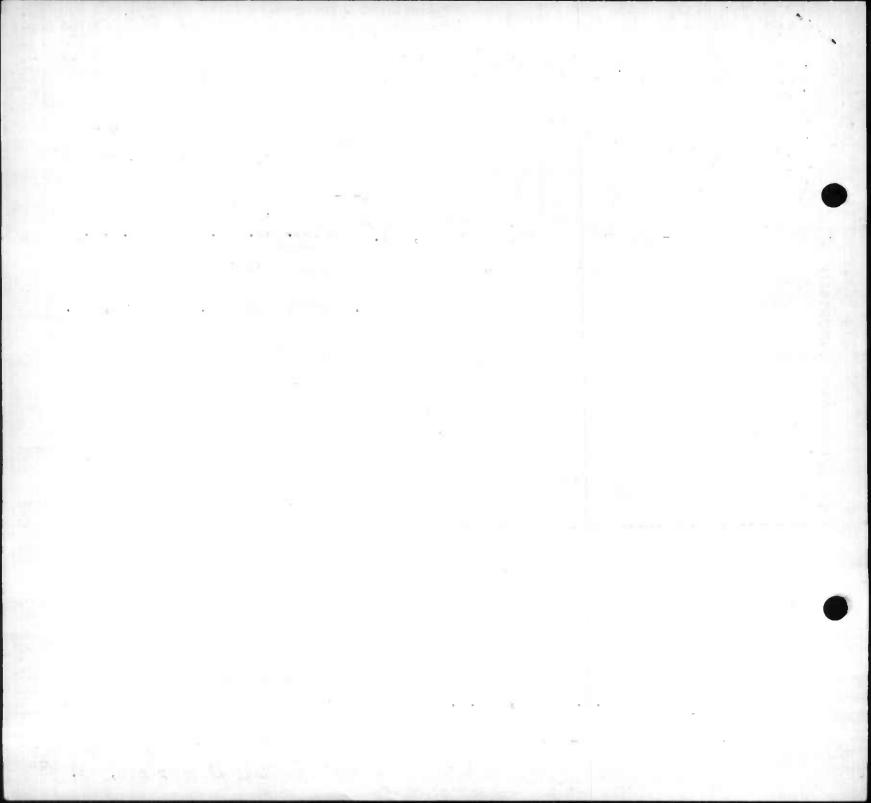


FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

Such

65 11888	BALTIMORE CIT	Y HEALTH DEPARTMENT		Figure 10		
PIKIH NO.	CERTIFICA	TE OF DEATH	Registered No.	65 11888		
M.E. CASE NO.		2. DATE AND	HOUR OF DEATH	/ /		
(Type or Print) Ed 1th L.	Ficklin	8	05 pm	1 11/17/65 M.		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	V	A. STATE B. COUNT	deceosed Wved. If i	nstitution: residencé before odmission)		
FULL NAME OF (If not in hospital or institu HOSPITAL OR address or location)	tion, give streel	C. CITY OR TOWN (If ours	ide city limits write	RURAL and give township)		
Inin hemo	not Hogel		urol, give location)	VA 6-20		
49	•	511 W.	Bela			
	OWED, DIVORCED (specify)		. AGE (In years ost birthdoy) 78	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, eyen if retired)	& Mary Colle	ge	n country)	12. CITIZEN OF WHAT COUNTRY?		
House-Mother Wil	liamsburg, Va	Balto. Co.	. Md.	W.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM				
Winfield Armst		Laura Ar	thur			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No		T. Dorsey Fig	eklin. Ab			
DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH	,	ONSET AND DEATH		
LEADING TO DEATH	(A) A	Us szandu	I heave	for.		
(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the disc			J			
injury ar camplication which caused death.)						
ANTECEDENT CAUSES	DUE TO		direktrik kirik kirik ik di direktrik kirikrik kirik kirikrik kirik ik di direktrik direktrik kirik ki			
DISEASES OR CONDITIONS, if any, gi						
UNDERLYING CONDITION lost.	(0)		- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	a a c contra tra e e e e e e e e e e e e e e e e e e e		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING THE			LES THE		
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20R IF YES WEDE	FINDINGS CONSIDERED		
19A. DATE OF OPERATION WAS PERFORMED		2071, 4010131; 4163 07 440	IN CERTIFYING CA	AUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exect location)		
OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?			
(APPROX)	While At Work At Work					
22. I certify that (I) (this hospital) attend	ded the deceased from	11/67/65 1	9to	11/19/65 19		
that (I) (we) last sow the deceased alive	1		t in(my) (our) ap	infon death occurred on the date		
ond hour ond from the couses stoted obo	ve. (I) (Wee) (did) (did not)	view the body after death.		less BASS CIGNIS		
23A. SIGNATURE	M.D. At	tending Med.	Sloff D	23B. DATE SIGNED		
23C. PHYSICIAN'S) CC Ph	ys. Director 1	Phys.			
N.K. Moore,	M.D. M.D.	man	Mem	mal Hospila		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CE	EMATORY 24D. LO	CATION (C	City, town, or county) (State)		
Burial 11-20-65	Baker Cemete		rdeen,	Maryland FarringAppumeral		
NOV 90 10CE A A	Z. A	25C. FUNERAL DIRECTOR	1/ 10	Home		
NUV 22 1965 (17 0 6 2 VS 150-REV. 1/1/65	MakeyMa	Thom the cold	AUT 4. ADE	erdeen, Md.		



AVES

	AME OF DECEASED	41-19-	2. DATE AND HOUR OF DEATH	
	LUCAS, JUSEPH		NOVEMBER 19,1	965 9:30A
F	CULL NAME OF (II not in hospital or institution, give street oddress or location)	MARY	ESIDENCE (Where deceased lived. If inst B. COUNTY LAND TOWN (If outside city limits, write RU	9/707
11	ST. AGNES HOSPITAL		IMORE	
4	0			2
5. S	EX 6. RACE 7. MARRIED, NEVER MAR		GLYNDON AVE #2 BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 H
	MALE WHITE WINDOWS NIVORCED	(specify) 4-2-0	5 lost birthday	Months Days Hours Min.
done	USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OF BUSINESS OF MAINTENANCE GENERAL REFR			12. CITIZEN OF WHAT COUNTRY?
	FATHERS NAME		MARYLAND S MAIDEN NAME	U.S.A.
	JNKNOWN	UNKN		
Yes	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY 10. SOCIAL			ADDRESS
ı	NONE / 2/20		GNES HOSPITAL REC	
	18. 443 XI	CAUSE OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Court	heart failur-Amasa D. + H.C.UD.	2 20181k
ATION	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (UNDERLYING CONDITION last.			
CERTIFICAL	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED OPERATOR WAS PERFORMED	ATION 20A. AUT	OPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
_	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, form, facto etc.)	NJURY (e.g., in or obout 7) (ory, street, affice bldg., INJ	WHERE DID (If in Boltimore	City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC OF INJURY (APPROX.) White A1 Wark	Not While At Work	HOW DID INJURY OCCUR?	
	22. I certify that (I) (this haspital) attended the deceased that (I) (we) lost sow the deceased alive on NOVEMB and hour and from the causes stated above. (I) (We) (did)	LI 19 19	ond that in (my) (our) opini	EMBER 19 19 6
	23A. SIGN ATURE			23B, DATE SIGNED
	23C. PHYSICIAN'S	M.D. Attending Phys.	Med, Stoff Phys. X	11-19-65
	R. UPDIKE		GNES HOSPITAL, CAT	#2 ON & WILKENS
24A	Must 11-23-65 Jana	erent or CREMATORY	Belle	, town, or county) (Stote
_		7 1000 0114	IED AL DIDOCTOR	A D D D D C C
25 Å	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	250 7 10	HERAL DIRECTOR	ADDRESS

. .

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NOGS 11890 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD November 20, 1965 4:55 LYMAN HOWE 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If autside corparate limits, write RURAL and give township) Raltimore. D. STREET ADDRESS (If rurol, give lacation) Lutheran Hospital 11 S. Arlington Avenue 8. DATE OF RIPTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED Months , Doys , Hours , Min. WIDOWED, DIVORCED (specify) last birthday Male White married

10A. USUAL OCCUPATION (GIVO kind of work 10B. KIND OF BUSINESS OR INDUSTRY 70 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME Viraena 215 holdlery 4. MOTHER'S MAIDEN NAME Unknown Unknoun 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 7. INFORMANT (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. 011-09-1208 MINA INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Arteriosclerotic cardiovascular desease LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED ves 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact location) large, farm, factory, street, office bldg., INJURY OCCUR? 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH, 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D TIME (Yeor) OF INJURY (APPROX.) m. WHILE AT NOT WHILE 22. Autapsy X I certify that I held an Inquiry Inspection and that an this basis, death In my apinian

Suicide

23C. NAME of CEMETERY of CREMATORY

Accident /

Charles S. Petty, M.D.

248, NAME OF REGISTRAR

Hamicide

6 our

24C, FUNERAL DIRECTOR

CHIEF MEDICAL EXAMINER

23D. LOCATION

M.D. ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Undetermined manner

DATE SIGNED

(State)

11/20/65

(City, tawn, or county)

resulted fram: Natural causes

23B. DATE

ACTUAL

23A, BURIAL CREMATION.

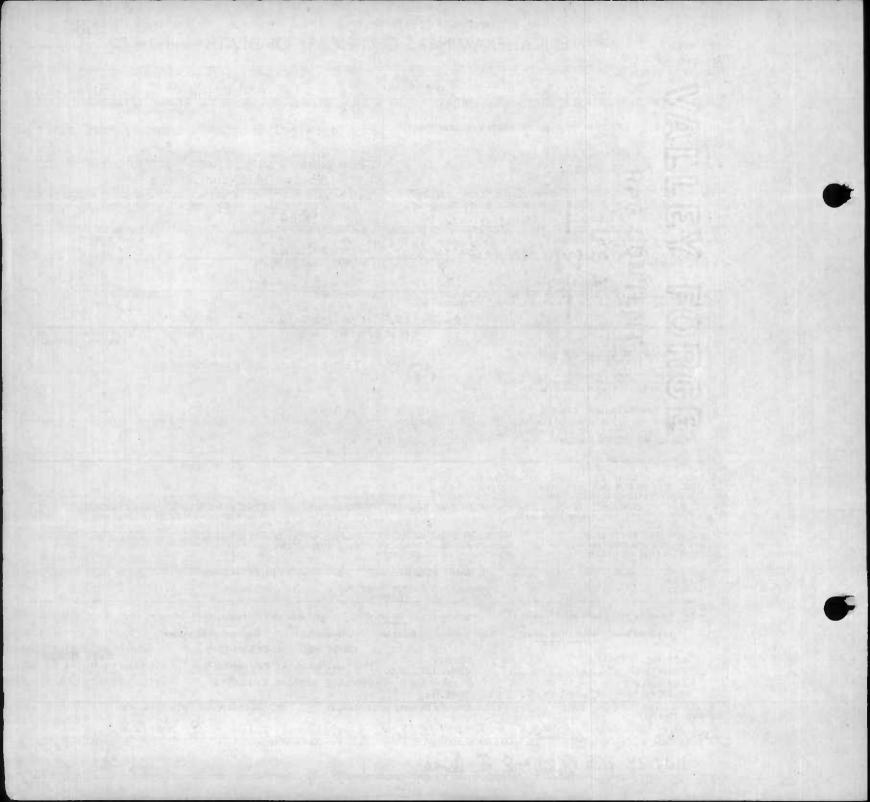
REMOVAL (Specify)

VS 151-REV. 1/1/65

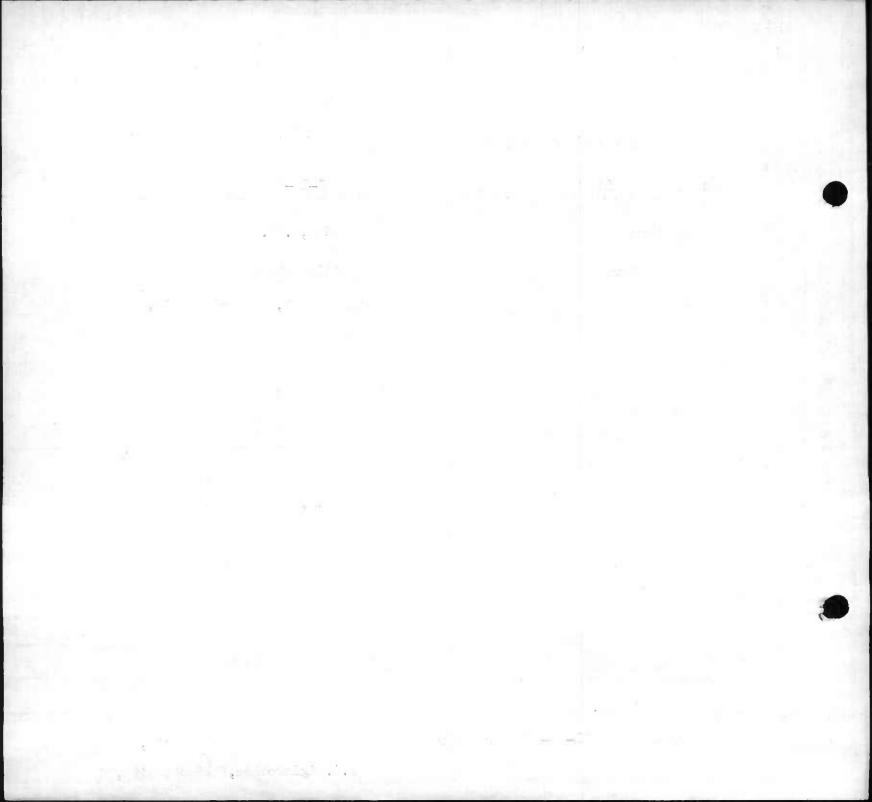
SIGNATURE

EXAMINER'S NAME (Type)

24A, DATE REC'D BY HEALTH DEPT.



BIRTH NO. 65 11891		ATE OF DEATH Registered No.	65 11891
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) The property of the proper	AE BELL //	2, DATE AND HOUR OF DEATH	19/51 8:25 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	Dell Dell		nstitution; residence before admission)
Sur Name Of the Control of the Contr	eta et	Maryland Howard	
FULL NAME OF (If not in hospitol or inst HOSPITAL OR oddress or location) INSTITUTION	itution, give street	Maryland Howard C. CITY OR TOWN (If outside city limits, write)	RURAL ond give township)
2		West Friendship	3-00
3 8 University Ho	spital	D. STREET ADDRESS (If rurol, give locotion)	
. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF SIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Female White w	Married (specify)	1/10/26 lost birthdoyi 39	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B. I one during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. *BIRTHELACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Burgdon, W. Va.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Wade Dove		Nettie Halterman	
5. Was Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or doles of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	?	Thomas Bell, West Friendsh	ip,Md
18. 171X2100X	CAUSE	OF, DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Υ	Acyte (11.	ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying	g, e.g., DUE TO	Bill a Colac Tailu	re,
hearl failure, asthenia, etc. It means the	liseose,	, 1 0 1 0	(omos)
injury or complication which caused death ANTECEDENT CAUSES	(B) Me	tastatic la in Lungs +1	ledgestinum to year
	DUE' TO	C 10 A	, /
rise to the obove couse (A) statis		new of the Corvix	4yrs
UNDERLYING CONDITION lost,			
OTHER SIGNIFICANT CONDITIONS CONTE TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING Diahete	es Mellitus + Venous O	hoteur to on
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C, WHERE DID (If in Boltimor office bldg., INJURY OCCUR?	re City, give exoct locotion)
21D. TIME (Month) (Doy) (Yeor) (Ho	un 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	White At Not Wh		/
22. I certify that (I) (this haspital) atte			11/18 1965
that (1) (we) lost saw the deceased ali		19 65 and that in (my) (our) ap	
and hour and fram the causes stated a			
23A SIGNATURE	(10, (10, (10, (10, (10, (10, (10, (10,	The body ener deams	23B. DATE SIGNED /
Cathering the Wils	M.D. A	ttending Med. Stoff Phys.	11/18/65
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
	M.C	· University of 1	Maryland
Catherine M. Wilson AA. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or C	REMATORY 24D. LOCATION (C	City, town or county) (State)
REMOVAL (Specify) Burial 11-22-65			
25A. DATE REC'D BY HEALTH DEPT. 25B.	Mc Kendree	West Friends	hip, Md ADDRESS
NOV DO 1005 A A E Q	Farbura	F.C.Higinbothom, Ellicot	
MAN SS 1303 (15 150 015"	TOURSON WE	T TOO THE THE THE TENT OF THE	O OLOY , MICE



	6.	5 11892		BALTIMORE (63	5 118	Q;
	TH NO.	ME	DICAL E	XAMINE	ER'S CE	RTIFIC	CATEC	OF DE	ATH Regi	istered No		1000
-	L CASE NO.	FASED TO					2 DA1	TE AND H	HOUR PRONOU	NCED DEAD		-
(Ťy	pe or Print)	CHARLES R	OBINSON J	R.					ber 17,		7:23	P M.
3. P	LACE IN BALT	IMORE, MARYLAND,				A. STATE_		Where dec	eosed lived. If			
FUI HO INS	L NAME OF SPITAL OR TITUTION	ADDRESS OR LO	PITAL OR INSTITUTE (CATION)	TUTION, GIVE S	STREET	C. CITY O		autside c	arparate limits,	write RURAL	and give town:	hip)
4	10	St. Agnes	Hospita	L		D. STREET	ADDRESS (12302 E.	f rural, giv			04	
5. S	ale	6. RACE negro		, NEVER MARR DIVORCED(spe	ecify)	arch	8, 1941		9. AGE (In yellost birthday)	ors If Unde Months	Doys Hour	er 24 Hrs.
don		JPATION (Give kind of vorking life, even if retire				II. BIRTHPL	ACE (State of		country)		EN OF	
13.	FATHER'S NAM	NE .				4. MOTHE	R'S MAIDEN	NAME				
		E. Robinson				Dorot	hy Bowi	e				
		O EVER IN U.S. ARN		16. SOCIAL SECURITY		7. INFORM	ANT			ADDRES	S	
	No			220-36-	4721	Mrs.	Maxine	Robin	nson 230	3 E. 01	iver St	reet
ION	(This does report follows, injury or conditions) A DISEASES RISE TO TH	SE OR CONDITION LEADING TO DEA not meon the mode osthenic, etc. It me mplication which coust ANTECENDENT CAL OR CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LAS	of dying e.g. ons the discose. ed deoth.) JSES F ANY, GIVING STATING THE	(R)	Crush	ing h	ead inj	uries			ONSET AND	
CERTIFICATION	TO THE	NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUS	RELATED TO									•======
	19A, DATE OF	OPERATION 198, C	PERFORMED				No	IN	B. IF YES, WER CERTIFYING C	AUSES OF D	EATH?	
MEDICAL	UNDERLYING DE CAU	SE OF DEATH.	etc.	R.R. ti	racks		B & 0	R.R.	tracks			Rd. Spring
	OF INJURY (APPROX.)		6.22 D	WHILE AT WORK		VHILE X	Pede		occur? 1 struck	k by tra	ain 5	3-00
	22.	ify that I held on	Inquiry	Inspection	X Auto	psy	ond that	on this	bosis, deoth	in my opinic	on	
		ted from: Noturol		Accident X	_		omicide 🗌		determined mo			
	ACTUAI SIGNAT EXAMIN	URE Dudi	Suit ger Breit	line	M.D.	ASSISTA	EF MEDICA NT MEDICA TE MEDICA	L EXA	MINER 🖾	11-18-	DATE SI	GNED
	NAME (BURIAL CREATE MOVAL (Specify	MATION, 23B DATE		3C. NAME of C	- /	CREMATO	RY	23 D. LOC	ATION (City, town, or	county)	(State)

ADDRESS

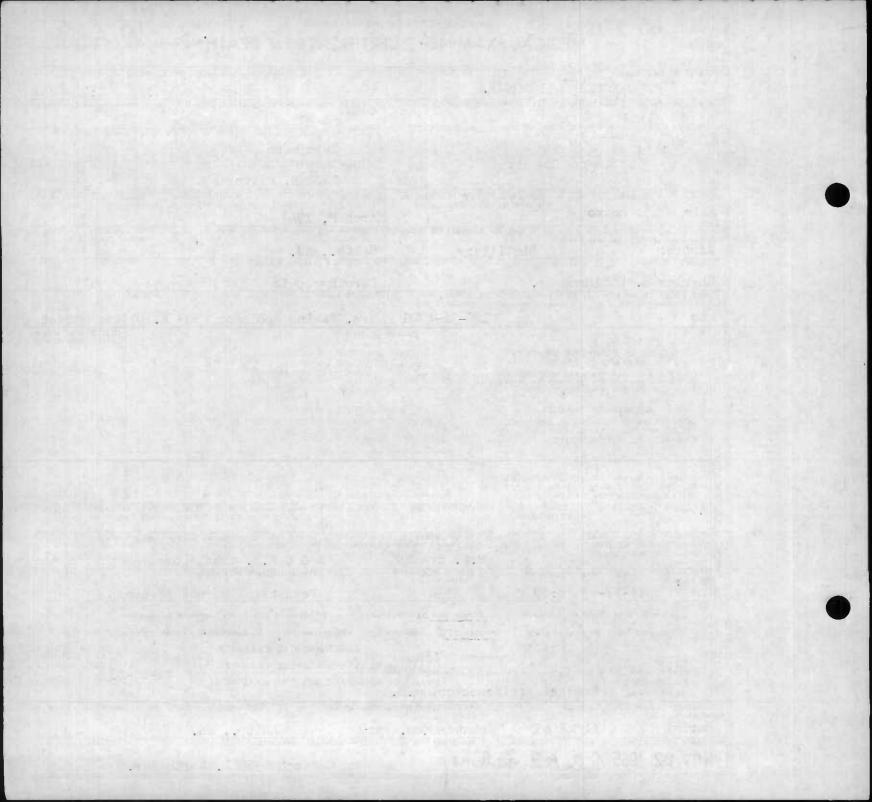
Burial 11/22/65 Arbutus Mem. Park Balto., Md.

24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

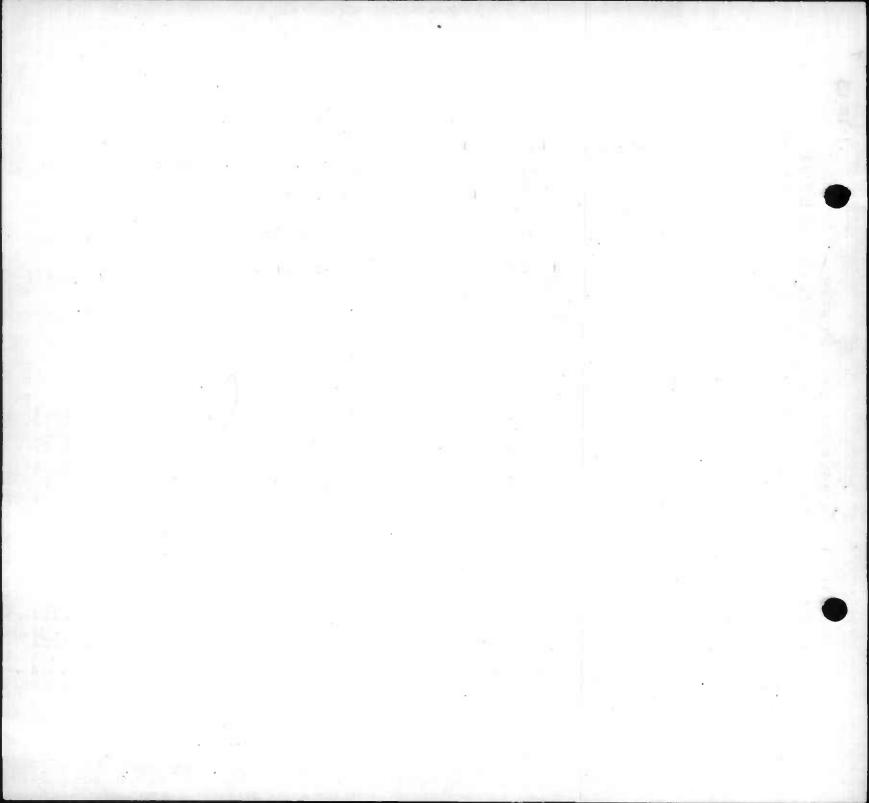
NOV 22 1965 Robert Laborator Wm C March 928 E. No.

Wm C March 928 E. North Ave.

VS 151-REV. 1/1/65



VS 150-REV. 1/1/65



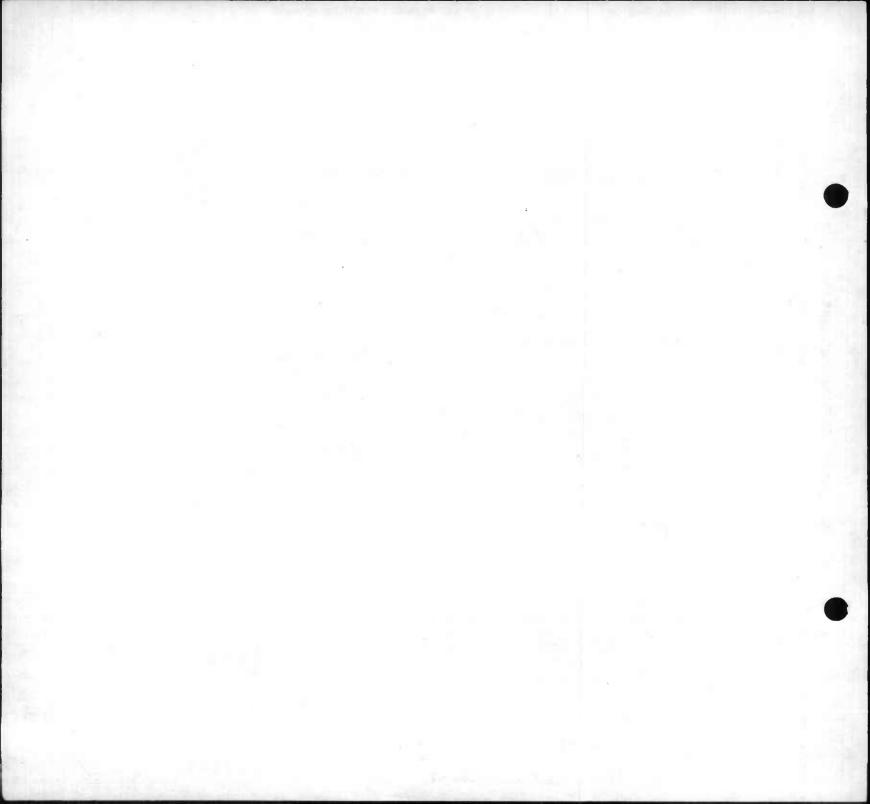
65 11894 BALTIN	MORE CITY HEALTH DEPARTMENT	5 11004
	TIFICATE OF DEATH Registered	5 11894
M.E. CASE NO.	2. DATE AND HOUR OF DE	ATH /
(Type or Print)	1043	1/18/15
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived.	If institution residence before admission
	A, STATE B. COUNTY	a-NU
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or logation)	C. CITY OR TOWN (If outside city limits, w	rite RURAL and (give township)
institution libras Hoppins Hospins		(**
2 2 Johns Hopkins Hospi	D. STREET ADDRESS (If rurol, give location)
5	210 N. DURHAM ST.	
5. SEX 6. RACE 7. MARRIED, NEVER MARI	RIED B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
PEMALE NEGRO WIDOWED, DIVORCED	(specify) 9-8-27 lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OF	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12. CITIZEN OF
done during most of working life, even if retired)	W 11 0	WHAT COUNTRY?
Housewife	North Carolina	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ERNEST JOHNSON	SALLY MOORE	
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give was as dates of service)	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SEGERITY	HOSPITAL CHART	
18. / 3 44 4 1	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., d		ONSET AND DEATH
LEADING TO DEATH	" Curalias anest	172 home
(This does not mean the made of dying, e.g., a	DUE TO	
injury of complication which caused decin.	300 0 1 1	/
ANTECEDENT CAUSES	a Trolonged hypsofin	73 hom
DISEASES OR CONDITIONS if any giving	ANE TO 3	2
rise la the abave couse IA) stating the	a	
UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF TO THE DEATH BUT NOT RELATED TO THE	Recent abdominal busterect	nuy
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERA		X
11/15/65 WAS PERFORMED WORN he	1 IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
W T		infore City, give exact locations
	ny, street, office bldg., INJURY OCCUR?	
O Common		
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E INJURY OCC		
(APPROX.) While At	Not While At Work	
22, I certify that (I) (this hospital) attended the deceased	fram 11-14-65 19 to	11-18-65 19
that (I) (we) last saw the deceased alive an11-	-18-65 19 and that in (my) (aur)	apinion death accurred on the do
and haur and from the causes stated above. (1) (We) (did)		
23A. SIGNATURE	(and not) view the body offer deaths.	23 B. DATE SIGNED
12 ()	M.D. Attending Med. Stoff	11/12/15
23C. PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS	10/10/63
NAME (Type)	1 1 1) //
Parmley, limit	+ M.D. JOLNS HOPK	INS Hospital
REMOVAL (Specify) / 1	ETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
Burial 11/20/65 Mt Calva:	ry Cemetry A A Count	y Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	Adolphus Halstead 12	06 W North Ave
VS 150-REV. 1/1/65		

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such was an experienced by the contribution of the characteristic of the contribution of the characteristic of the charact FUNERAL DIRECTOR: IMPORTANT

65 11895	BALTIMORE CITY	HEALTH DEPARTMENT	R	5 11895
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	0 11020
A.E. CASE NO. NAME OF DECEASED Type or Print) MC GINNIS	mike	2, DATE AI	ND HOUR OF DEATH	930
PLACE OF DEATH IN BALTIMORE, MARYLAND	Jiii KO	4. USUAL RESIDENCE (Who	are deceased lived. If institu	ution: residence before odmission
FULL NAME OF (If not in hospital or institution oddress or location) Seo. LUAS hington CARU	on, give street	e. CITY OR TOWN (If or	utside city limits, write RUR	AL and give township)
Sec. WAS hing to Come		D. STREET ADDRESS (III	rurol, give Jocotion)	•
10			nsy IVANIA	
MALE White WIDO	NEVER MARRIED WED, DIVORCED (specify)	5/5/1882	83	f Under 1 Yr. If Under 24 H Aonths Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KINE one during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	Mary L	and.	USA
3. FATHER'S NAME	7	14. MOTHER'S MAJOEN NA		
5. Wos Deceased Ever in U. S. Armed Forces?	16. SOCIAL	Un Kr	1020	ADDRESS
fes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO. 278-16-5218	Chart. Co	one Nursey	607 Pennsylus
18.4-34, / VH 002,6	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		mucho p	neumnia	4-1
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise		mustine,	him thertur	1 1/-
injury or camplication which caused death,)	436,			6 mis
ANTECEDENT CAUSES	DUE TO	**************************************		
DISEASES OR CONDITIONS, if any, given ise to the above cause (A) stating				
UNDERLYING CONDITION last,			10 00 00 00 00 00 00 00 00 00 00 00 00 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING Hesting	f mactin -	TBC	idys
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAUSE	DINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAU	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Not Whi Work At Work			. /
22. 1 certify that (1) (this hospital) attend	ed the deceased fam	3/3	19 6210	1/1/ 19 (2)
that (I) (we) last saw the deceased alive	an ///i//	and t	hat in (my) (aur) apinio	on death accurred an the
and haur and fram the causes stated abav	e. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE M. Mar V	Murchy M.D. AH		Stoff Phys.	B. DATE BIGNED
23C. PHYSICIAN & NAME (Type)	MURICHYMD.	23D. ADDRESS	Milliam	4
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24	C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION (City,	town, or county) (Stot
	Mt Calvary Ceme		A County M	
	ME OF REGISTRAR	25C. FUNERAL DIRECTO	1 1000	ADDRESS AND
	Farbums	(Adolphine Ma	82-80-41296 W	CHOTER AND VIII
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	NAME OF DECEASED Pe or Print! BURL Bled SOE	2. DATE AND HOUR OF DEATH	(15 A
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in A, STATE 8, COUNTY	stitution: residence before admis
	FULL NAME OF (If not in haspital at institution, give street	MD.	7-09
	HOSPITAL OR address or lacation)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
9	University HOSPITAL	D. STREET ADDRESS (If rural, give location)	
1	00	1140 Nanticore ST.	
	SEX 6. RACE WIDOWED, DIVORCED (specify) Married, NEVER MARRIED WIDOWED, DIVORCED (specify)	3-15-19 9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Months Days Hours N
	A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY no during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
12	mechanic Delivery 60.	Lennessee	u.C.A.
13.	FATHEN'S NAME	14. MOTHER'S MAIDEN NAME	
	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
	s, no ar unknown) (II yes, give war or dates of service) SECURITY NO.	. (1) (1140 Nantiute.
	7-201	DF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ITE MUDIAL INFARCTION	2 weeks
	(This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	201 A	No.
	injury ar camplication which coused death.)	GOSCIBUTIC HEART DISPUSE	
	DISEASES OR CONDITIONS, if any, giving	ende en america en el 2000 de la companya del companya del companya de la companya del la companya de la compan	- Campanina
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ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		The same I
		20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	yes"	
AL C	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, or DEATH (notify medical examiner)	office bldg., NJURY OCCUR?	e City, give exact location)
MEDIC		21F. HOW DID INJURY OCCUR?	
×	(APPROX.) While At Not Whi	le 🗌	,
	22. I certify that (I) (this haspital) attended the deceased fram		11/2019
	that (I) (we) last saw the deceased alive an NOO 20		inian death accurred on th
	and haur and fram the causes stated above. (1) (We) (did) (dident)	view the bady after death.	23B. DATE SIGNED
	Zolman J. agus M.D. AM	tending Med. Staff Phys.	11/20/65
	23C. PHYSICIAN'S NAME (Type) ZACMAN S. Agus M.D.	23D. ADDRESS University Hos	OTAL
24	A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CR	REMATORY 24D. LOCATION (C.	ity, tawn, or county) (S
1	Burial A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Lemetery Metchie Hu	ADDRESS OF
23	NOV 22 1965 (P.O. F. 8. F. A. A.	Later Carray t	la de St
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	e chief medical examiner or his assistant if death occurred in	by a medical examiner. Also, if the direct or contributing	2) Body burns; (3) A fracture of any kind; (4) Undetermined cau	re the physician who pronounced death was in regular att	physician was in regular attendance on the deceased prior	
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FUNERAL DIRECTOR: IMPORTANT	of n	E	X	d	igi	
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BALTIMORE CITY HEALTH DEPARTMENT Registered No.65 65 11897 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 50 (Type or Print) KATIE Indmission) If institution; residence before B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address as location (If outside city limits, write RURAL and give INSTITUTION MORE STATE HOSPITAL 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours 7, 1896 CE (Stote or foreign country) 10A, USUAL OCCUPATION (Give kind of work 10B. KIND 12. CITIZEN OF WHAT COUNTRY? disposition BLBOTT done during most of working life, even if retired) ANIEL House WI PO omy MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) 6. SOCIAL final SECURITY NO. 105. 46-10 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or obout 210. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) etc.) MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (Ne) last saw the deceased alive an 19 / 5 and that in(my) (aur) pinian death accurred an the date and hour and from the causes stated obave. (1) (Me) (did not) view the body ofter deoth. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director M.D. approval 23C. PHYSICIANS 23D. ADDRESS Zin U. Park 1GN 24A. BURIAL CREMATION, 24B. DATE MCH. 24C. NAME of CEMETERY OF CREMATORY tak

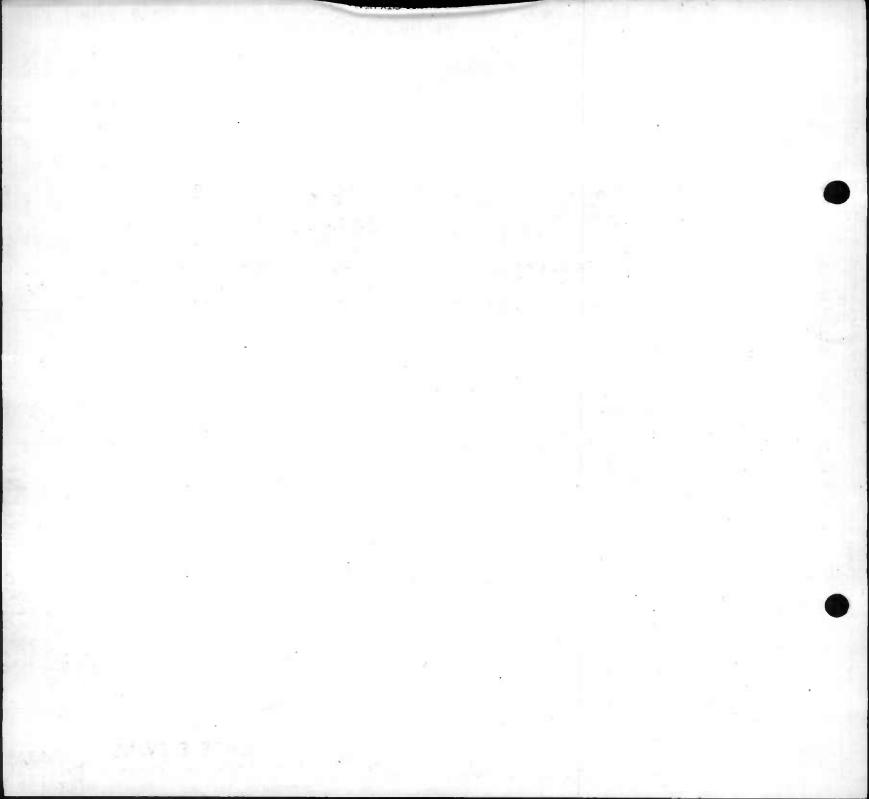
1965 VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death ashows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/65

CE 43000	BALTIMORE CHI FREALTH DEPARTMENT	C5 44000
ытн но. 65 11898	CERTIFICATE OF DEATH	Registered No.65 11898
M.E. CASE NO. 1. NAME OF DECEASED. (Type or Print) JASCHIK, CARO.		11/20/65 SATT 620 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location)		f outside city limits, write RURAL and give township)
B6_	D. STREET ADDRESS	(If rurol, give location)
PRANKIN Square Hospil	ní 1724	Best ST 2404
	VORCED (specify) Sowe, D 8. Date of Birth	9. AGE (In years lost birthdey) Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUIldone during most of working life, even if retired)	INESS OR INDUSTRY 11. BIRTHPLACE (State or	foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE at How	ny DALIC, // A	RYLAND USA
13. FATHERS NAME APTHOR 15. Mas Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	NAME THE POTH ADDRESS -W.F. KOOT TO 1922 9123
118 3 3 3 3 1	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	(A) Cerebral	Thumboris
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO	
ANTECEDENT CAUSES	(B)	**************************************
DISEASES OR CONDITIONS, if any, giving		92-91, 339
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHITE	CH OPERATION 20 A. AUTOPSY? (Yes o	NO) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 218. PLA home, I	CE OF INJURY (e.g., in or about 21 C. WHERE DI orm, foctory, street, office bldg., INJURY OCCUS	D (If in Boltimore City, give exact location) R?
	URY OCCURRED 21F. HOW DID	INJURY OCCUR?
While A Work	Not While Al Work	
22. 1 certify that (I) (this hospital) attended the a	eceased from 201-16	1965 10 hot. 20 1965
that (I) (we) last saw the deceased alive an	:30 RM NIV96 19 65 and	d that in(my) (our) apinion death occurred on the date
and hour and from the causes stated abave. (1) (W	e) (did) (did not) view the body after dea	23B, DATE SIGNED
Milheds hadrand	M.D. Attending Med. Director	- 81-11
23C. PHYSICIAN'S	Phys. Director L	Phys. 20, 1465
NAME (Type)		N SQUARE HOSPITAL
24A. BURIAL CREMATION, 24B. DATE TO 24C. NAME	of CEMETERY OF CREMATORY	D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) HOU, 23-196 1/6 64	CROSS CEMATORY A COCKLY	M-BIBICOIMY-
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF R		TOCURTIS E. EVANS ADDRESS 2/1
NOV 22 1965 A C. 48 Fall	Carling Com	=14005, CHADLESST, 03



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	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chosen. (1) An accident of any materials (2) Rody humas (3) A fracture of any kind. (4) Undetermined causes (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	receased prior to deutin); and (o) ito pnysician was in regolar directors on the deceased provinted approval must be obtained before the remains are embalmed or final disposition is made.
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NAME OF DEC	EASED			2. DATE	AND HOUR OF DEAT	Н
ype or Print)	Crestrud	le Pa	ovets		11/17/65	18:45 P
FULL NAME OF	OF (If not in hospital	RYLAND		4. USUAL RESIDENCE (A. STATE B. CO	Where deceased lived. If OUNTY	institution, residence before admissio
HOSPITAL OR INSTITUTION	BALTIMORE 4940 Easte	CITY HO	SFITALS	BALTIMORE D. STREET ADDRESS		e RURA (and give township)
	Baltimore	, Maryla	and 21224	7486 Rabo	on Avenue -	21222
Female	6. RACE White	7. MARRIED, WIDOWED	NEVER MARRIED	8. DATE OF BIRTH 8/26/95	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
	working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTR	Maryland	foreign country)	12, CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	Henry Hi	cks		- Hare	NAME	
Nos Deceosed es, no or unknown	Ever in U. S. Armed Ford	ces?	1 6. SOCIAL SECURITY NO.	RECORDS: BCH	I, 4940 Easte	rn Avenue, Balto.,
18. 40 DISEA	SE OR CONDITION DIR	ECTLY		OF DEATH	. 0	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) Per	Imenary E	uloolis	1 Dear
heort foilure,	not mean the mode of oslhenio, elc. It means application which caused	the disease,	DUE TO			1
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DISEASES (ANTECEDENT CAUSES OR CONDITIONS, if of the course (A)		(B) DUE TO	scub		years
DISEASES (OR CONDITIONS, if of the obove couse (A) of CONDITION lost. If if it is a condition of the obove conditions of the obove couse (A) obove couse (B) obove cous	Stating the	(C) A:		usloraceal (as d	geess Tassuia 4 Jan
DISEASES (1 ise to 1h UNDERLYIN TO THER SIGN TO THE DISEASE OR	OR CONDITIONS, if of the conditions of the conditions of the conditions of the conditions of the condition o	ONTRIBUTING TED TO THE	(C) A:		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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DISEASES (ise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19 A. DATE OF THE DISEASE OR 19 A. ACCIDE OR CONTRIBUTED TO THE DISEASE OF THE	OR CONDITIONS, if ce obove couse (A) G CONDITION lost. IFICANT CONDITIONS COPEATH BUT NOT RELA CONDITION CAUSING FOR PERFORM WAS PERFORM TO WAS UNDERLYING CAUSE OF	ONTRIBUTING TED TO THI T. DITION FOR V ORMED 21 B. hom etc.)	DUE TO (C) A: (C) A: VHICH OPERATION PLACE OF INJURY (e.g., street, street	20A. AUTOPSY? (Yes of YES) in or obout 21C. WHERE DI office bldg., INJURY OCCU	20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES (ise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19.4. DATE OF CONTRIBUTE OF HUMBY (APPROX.)	OR CONDITIONS, if of the obove couse (A) of CONDITION lost. IFICANT CONDITIONS COME TO THE CONDITION CAUSING I'S FOPERATION 19B. CONDITION WAS PERFORM TO WAS UNDERLYING CAUSE OF the object of the condition of	ONTRIBUTING ITED TO THI T. DITION FOR V ORMED 21 B. ham etc.) (Hour) 21 E. Whi Wor	PLACE OF INJURY (e.g., form, foctory, street, le A1 Not White the deceosed from the deceosed from the le A1 Not white the lease of t	20A. AUTOPSY? (Yes of YES) in or obout 21C. WHERE DI office bldg., INJURY OCCU	ON NO 20B. IF YES, WER IN CERTIFYING CONTROL OF THE	E FINDINGS CONSIDERED CAUSES OF DEATH? CS Soile City, give exact location)
DISEASES of the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (I) (we and hour on the or injury of the or injury of the ordinary	OR CONDITIONS, if c e obove couse (A) e obove couse (A) G CONDITION lost. IFICANT CONDITIONS COPEATH BUT NOT RELA CONDITION CAUSING I'F OPERATION 19B. CON WAS PERF (Month) (Doyl (Year)) Thot (I) (this hospital) last sow the decease d from the couses state	ONTRIBUTING TED TO THI T. DITION FOR V ORMED (Hour) 21E. Whi Wor) oftended the	PLACE OF INJURY (e.g., e, form, foctory, street, le At At Work	20A. AUTOPSY? (Yes of YES) in or obout 21C. WHERE DI office bldg., INJURY OCCU	DO (If in Bothm	EFINDINGS CONSIDERED CAUSES OF DEATH? Soire City, give exact lacolian) 17/12 19 65
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DISEASES of the Notice of the	OR CONDITIONS, if e obove couse (A) e obove couse (A) G CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING ITED TO THI T. DITION FOR V FORMED 21 B. hom etc.) (Hour) 21 E. Whi Wor ottended the d alive on red obove. (I	PLACE OF INJURY (e.g., form. factory, street, form. factory, street, form. factory) (W) (did) (did) (did) (did) (did) (did) (M.D. A)	20A. AUTOPSY? (Yes of YES) in or obout 21C. WHERE DID office bldg., INJURY OCCU 21F. HOW DID ite	OF No. 20B. IF YES, WER IN CERTIFYING CO. 19 O. 11 in Bottim 19 O. 1	pinion death accurred an the description of the course of

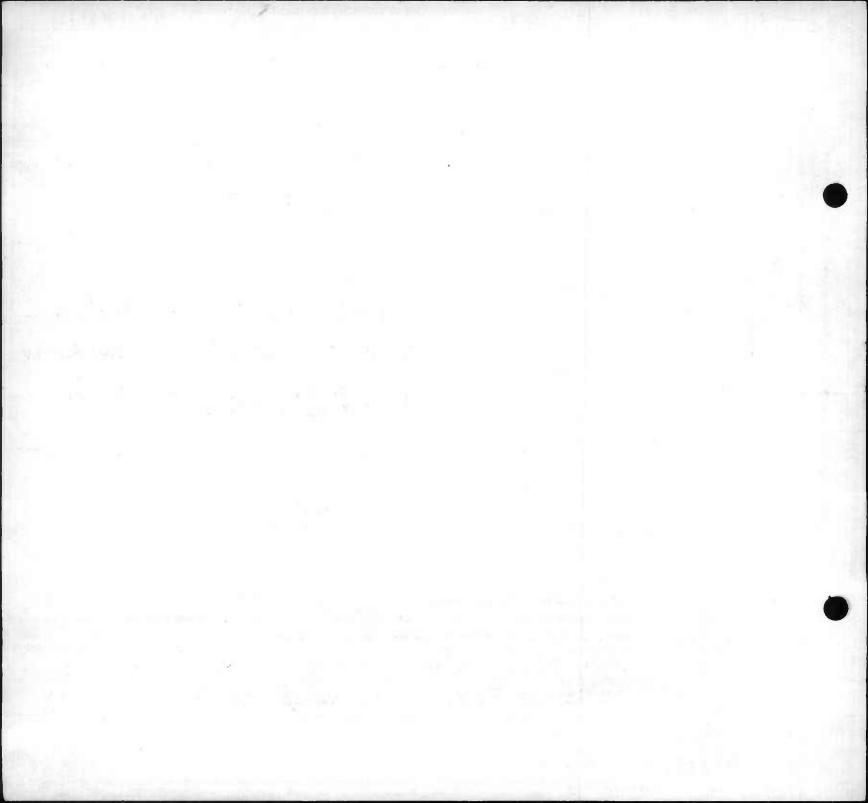
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Codecased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause the body was released to the hospital by a medical examiner.

of death

BALTIMORE CI	TY HEALTH DEPARTMENT 65 11900
BIRTH NO. 65 11900 CERTIFIC	ATE OF DEATH Registered No. 03 11300
M.E. CASE NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) HYMAN SHINDEL	11/19/65 11.10 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY B. COUNTY A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION LEVINDALE HEBREW HOME	
> INFIRMARY	D. STREET ADDRESS (If rurol, give locotion) BELVEDERE AVE AT GREEN SPRING AVE
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	12-25-89 lost birthday 75 Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
HARRY	The state of the s
15, Was Deceased Ever in U. S. Armed Forces? 16, SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 219-30-132	9 AARON SHINDEL 3646 PASKIN PLACE
18.6% 20 1 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not meon the made of dying, e.g., DUE TO	CUTE MYOCARDIAL INFARMON NOT KNOWN
heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B) HR	TERIOSCIENOTIC CARDIO - NOT KNOWN
DISEASES OR CONDITIONS, if any, giving	VASCULAR DISEASE
rise to the above cause (A) stating the (C)	
_	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
218. PLACE OF INJURY (e.g.	p, in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bidg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Wo	ork U
22. I certify that (# (this hospital) attended the deceased from	1/25/1965 10 11/19/1965.
ond hour and from the couses stated above. (#) (We) (dld)	119 1965 and that in() (our) opinion death occurred on the date
	23B, DATE SIGNED
	Attending Med. Stoff Phys. 11/19/65
23C. PHYSICIAN'S DR. GEORGE BERCU M.	D. LEVIN DALE HEBREW HOME > INFIRMARY.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D, LOCATION (CAy, town, or county) (State)
Brund (Specify) 11/21/65 Hebreus 7	ouns Men Botton not

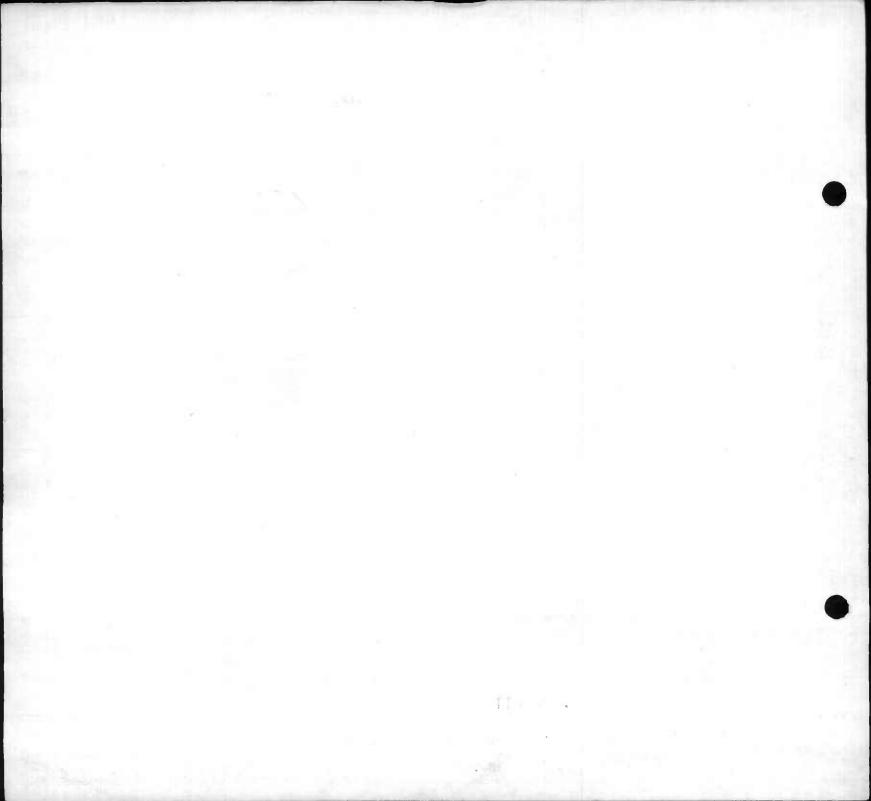
NOV 22 1965 Pole 258 NAME OF REGISTRAR C. FUNERAL DIRECTOR ADDRESS 4000 Lileut Head VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

		Y HEALTH DEPARTMENT	(1- 11-
BIRTH NO. 65 1190	CERTIFICA	TE OF DEATH	Registered Na	5 11901
M.E. CASE NO. 1, NAME OF DECEASED	CERTITIES		ID HOUR OF DEATH	
(Type or Print)	SIAN Gra		ID HOUR OF DEATH	1.24
3. PLACE OF DEATH IN BALTIMORE MARYLAND	SIAH GI	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission
		A. STATE B. COUN	TY	
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	144. 13A	LTIMOR	RURAL and give township)
INSTITUTION		C. CITY OR TOWN IIf out	Iside city limits, write	RURAL and give township)
5 CUNIVERSITY H	OSPITAL	D. STREET ADDRESS (If	orce	100
antiversity "		1200 2	>	- 12
5. SEX 6. RACE 7. MARI	HED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr., If Under 24 Hrs.
WIDO	WED, DIVORCED (specify)	1 17 2	lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KINI	OF RUSINESS OF INDUSTRY	11. BIRTHPLACE IState or forei	50	12. CITIZEN OF
done during most of working life, even if retired)	5 01 503111233 OK 1115031K	The state of total	gir country)	WHAT COUNTRY?
MACHINIST	• • • • • • • • • • • • • • • • • • • •	14. MOTHER'S MAIDEN NAM	110	U-5-A.
13. FATHER'S NAME				
PETER GRIFFIN		OTE LLIA .	MACKIE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	225-09-1860	WIFE		5
18. 14 = AV		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	10)	me in inner	GE	1/
(This does not meon the mode of dying, heart failure, asthenia, etc. it means the dise	e.g., DUE TO	ESOPH.		
injury or complication which coused death.)	058,	Esofn	rgus	
ANTECEDENT CAUSES	(8)		*********************	mon 17+3
DISEASES OR CONDITIONS, if ony, gi				
rise to the obave couse (A) stoting UNDERLYING CONDITION lost.	Ihe IC)			
ONDERETING CONDITION 1051.				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			444
194. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED	Esophau		IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INILIRY (e.g.	in at about 21 C. WHERE DID	Ilf in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, etc.)	mice bidg., INJURT OCCUR!		
O 2) D. TIME IMonth) (Doy) (Yeo) (Hou)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le C		
(APPROX)	Work At Work			
22. I certify that (I) (this haspital) attend	/	/	196 5 to //	19 6)
that (1) (we) last saw the deceased alive	on 1400 20	19 6) and th	at in(my) (aur) opi	nian death occurred an the date
and haur and fram the causes stated abov	e. (I) (We) (did) (did nat)	view the bady after deoth.		
28A. GIGNATURE	A			23B. DATE SIGNED
Jan H Jewell X	M.D. At	ending Med.	Stoff Phys.	11/20/15
23C. PHYSICIAM'S NAME TYPE		23D. ADDRESS		11/0/0
Jon H. Jewe	1 1 M.D.			
	C. NAME of CEMETERY of CE	EMATORY 1240 14	OCATION (Ci	ty, lown, or county) (State)
REMOVAL (Specify).	1	1 .	- A CO	1, 10 will, or county) (31016)
TRANSIT-BURIAL 11-26-65	LINCOLN CE	(0-)	et smouth.	VIRGINIA
125A. NOV 22 1965 75 0 258. AA	TO LUMB	25C. FUNERAL DIRECTOR		1735 ADDRESS
TOT NO TOO (I) LY w, I) C.	COLATION WE	100 Aug 1 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 .	/ 1	1 110

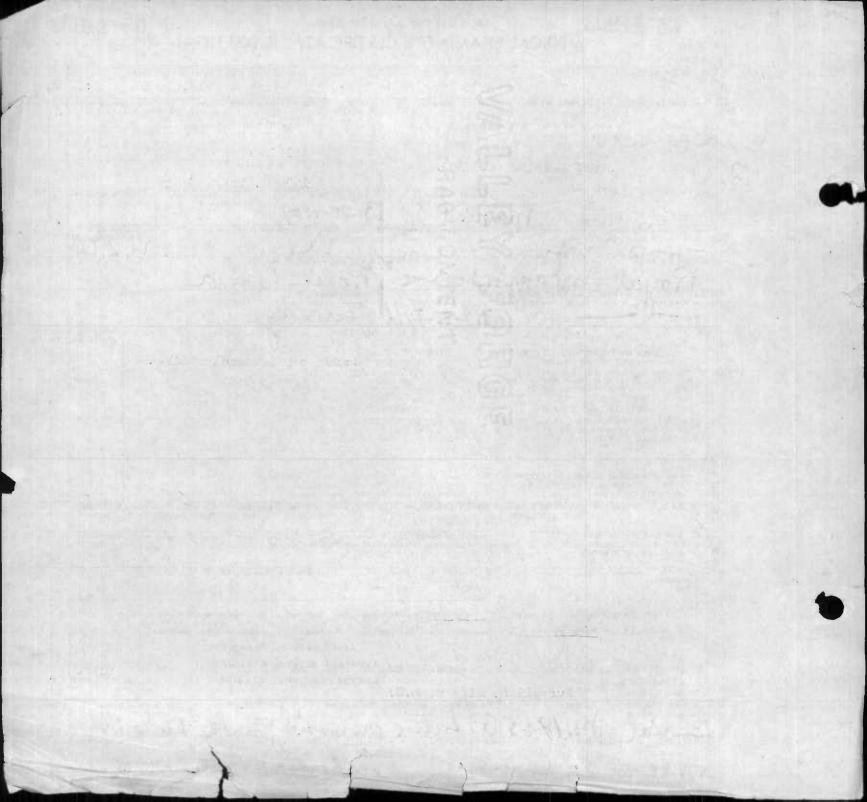
VS 150-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

				BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO.	65 11	902	CERTIFICA	TE OF DEATH	Registered Na.	35 11902
1, N	E CASE NO.	Da CPA	VELLI	A FARRO	w 2. DATE A	ND HOUR OF DEATH	2 (10)
	FIR	IN BALTIMORE MA		1 PACES	11/	19 65	stitution; residence before odmission)
	THE OF THE I		N. C.		A. STATE B. COU		T
F	FULL NAME OF HOSPITAL OR NSTITUTION	(II not in hospital oddress or location		pive street	C. CITY OR TOWN (IF o	outside city limits, write I	RURAL and give town hip)
11/	14,				BALT,		
4	Uni	ion Mes		Hospital	D. STREET ADDRESS	frurol, give locotion)	V2 RYA Med 2121
5. \$	F. 1	JEGRO	WIDOWED	NEVER MARRIED DOWN (specify)	2/12/90	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATE during most of working		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
1	ster Mo	9ac			0410	SIT	ula.
13.	Richani	el HE	いりとは	2 son	14. MOTHER'S MAIDEN NA	E C/A	(CHKNOWN)
15. (Yes	Wos Deceosed Ever s, no or unknown) (If	r in U. S. Armed Foreyes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Land	lady	ADDRESS
-	18. 3-28	XI		CAUSE O	F DEATH	J	INTERVAL BETWEEN
		R CONDITION DIR	ECTLY	Ca	rdio Vas	ulsin	ONSET AND DEATH
	(This does not n	meon the mode of		(A) DUE TO	A	·····	
		enio, elc. Il meons olion which coused			1. cuile	1	
	ANT	ECEDENT CAUSES		(B)	Pastro - Tw	lester Q	5 days
		CONDITIONS, if			Dealdie	0	
	UNDERLYING CO		siving me	(C)	······································		person
z	OTHER MONETO	11	ONTRIBLITING				
ATIO	TO THE DEAT	INT CONDITIONS C H BUT NOT RELA IDITION CAUSING I	TED TO THE	E			
CERTIFICA	19A. DATE OF OPI		DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or N	10 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT V OR CONTRIBUTING DEATH (natify med		21 B. hometc.)	e, form, foctory, street, o	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give exact lacotion)
MEDI	21 D. TIME (MO	onth) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
<	(APPROX)		Whi	le At Not While At Work			1.0/1
		t (析 (this haspital		1. 1.0	-11/1/65		19
		t saw the decease		/ " /			nion death accurred an the date
	and have and fra	m the causes stat	ed above. (I) (We) (di/d) (did-apt) v	riew the bady after death	•	238. DATE SIGNED /
		Lod eng	rel	M.D. Att.	ending Med. S. Director	Stoff 7	11/19/65
	23C. PHYSICIAN'S NAME (Type)	GODFREY	Sy GEI		23 D. ADDRESS	Phys. L	rial bop.
244	BURIAL CREMAT	ION, 248. DATE	24C, NA		EMATORY 24D.	LOCATION (Ci	ty, town, or county) (Stote)
1	Turia P	11/22/6	5 a	whaters n	1em. Park 6	In butus	md,
25A		HEALTH DEPT.	258. NAME O	M. I .	25C FUNERAL DIRECTO	DR /	(W. Barre ST
	NOV 22 1	965 Robert	12. fa	See MA	harles	alfice 66	IN DONG SI
VS	150-REV 1/1/65						

Course Misses majing



hospital

contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. Such 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no eath. USUAL RESIDENCE (Where deceased lived. 3. PLACE OF DEATH IN ance FULL NAME OF (If not in hospital or institution, give street C. CITY OF TOWN address or location) (If outside city limits, write RURAL and give township) attend INSTITUTION rural give location is made. regular MARRIED, NEVER MARRIED 9. AGE (In veors 5. SEX If Under 1 Yr. eceased last birthday WIDOWED DIVORCED (specify) 04 kind of work 10 B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) TOA USUAL OCCUPATION (Give isposition most of working life, even if retired) 40 assemble Jun Home Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marotta 15. Was Deceased Everin U. S. Armed Forces?

[Yes, nappunknown] (If yes, give war or dates of service) death 0 6. SOCIAL SECURITY NO. Chatford Ave#6 4784 attendance Vone. CAUSE OF DEATH 18. OF DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, 9 injury at camplication which caused death.) gu ANTECEDENT CAUSES 9 DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating the an remains UNDERLYING CONDITION lost SD M burns; physici CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ician DISEASE OR CONDITION CAUSING IT. Body 20B. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH 20 A. AUTOPSY? (Fes or No) 0 WAS PERFORMED by (2) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (II in Baltimore City, give exact location) where to the hospital °Z DEATH (notify medical examiner) etc.) any nature; MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While I (APPROX.) Work At Work and 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on and that In (my) (aur) apinion death accurred an the date eath) of hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must An accident 23A. SIGNATURE 23 B. DATE SIGNED Stoff M.D. Attending Med. 0 Phys. Director Phys. approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at "TONA"LD G. HALL M.D. shows: (1) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) was D.O. REMOVAL (Specily) Baltimore, J. Ruck Inc. Balto. Md. 21214

65 11904

RIPTH NO

BALTIMORE CITY HEALTH DEPARTMENT

RTIFICATE OF DEATH

Registered No. 55 1190

If Under 24 Hrs.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY

E LALE C. HALL "

	., .	11995		SALTIMORE CITY HEAL			SEATUR 6	5.11	905	
	H NO.	MEDI	CALEX	AMINER'S CI	EKTIFICA	IE OF I	DEATH Registr	ered No.	X 1040 2	
	AME OF DE	CEASED				2 DATE AN	D HOUR PRONOUNC	ED DEAD		
(Тур	e ar Print)	ROBERT 7STOC	CKARD	Sr.			ember 1965	LO DIAD	12:00	n
3. P	LACE IN BAL	TIMORE MARYLAND, W		INCED DEAD	4. USUAL RESID		deceased lived. If ins	titution: resid	dence before	odmission)
C	FRT	IFICATE	AM	FNDFD	A. STATE	land	8. CO	UNTY	2017	-
HO!	PITAL OR	ADDRESS OR LOCA		HIGH, GIVE STREET			e carparate limits, writ	e RURAL or	nd give towns	hip)
IN ST	TUTION			11-26-65	Ralt	imore		2708	9	
5		Johns Hopkins	Hospit	al al	D. STREET ADD		give locotion)	0		
					1652	Wentwo	orth Rd.			
5. SI	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years		1 Yr. If Und	
n	nale	caucasian	WIDOWED, I	rued (specify)	March 6	5,1936	lost birthdoy)	Months	Doys Hours	Min.
		UPATION (Give kind of work				(State or foreig	in country)	12. CITIZI	N OF	1
	during mast of	working life, even if retired) Tenance	Balto	· ·	Wast	rinato	n D.C	WHA	OUNTRY?	
13. F	ATHER'S NA	AE C. I C	6 '	,	14. MOTHER'S M			01.	<i>x</i> 1	
		Sidney (.	Stock	ard			?			
		ED EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT	arbara	Stockard	ADDRESS		
	Yes	Korean		223-44-296	8 Aves :- 1	Swinwi	a says stor	rand	San	ie)
	1B	b 9 4-		CAUSE	OF DEATH				INTERVAL B	
	DISEA	SE OR CONDITION DI	PECTLY						ONSET AND	DEATH
		LEADING TO DEATH		(A) Multip	le trauma	tic inj	uries			
	heort foilure	not mean the mode of , osthenia, etc. It means	the discose,	DUE TO		· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * *			
	injury or co	mplication which caused	deoth.)							
		ANTECENDENT CAUSE	S	(R)						
		OR CONDITIONS, IF A		DUE TO	••••••				••••••	
		NG CONDITION LAST.		(6)						
o Z				(C)			• • • • • • • • • • • • • • • • • • • •			
7	OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTION	NG .						
CERTIFICATION	TO THE	DEATH BUT NOT REI	LATED TO T							
RT		F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE F			
ū	2	WAS PER	FORMED		yes		IN CERTIFYING CAU	SES OF DE	ATH? ye	S
K	21 A. EXTERNA	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., , form, factory, street, o	in or obout 21C.	WHERE DID	(If in Baltimare City, g	ive exact la	ication)	
E	UTING CAL	SE OF DEATH.	etc.)	street	Rt	. 7 ar	d Evering A	Ave. S	1,2-1	20
≥	21D TIME	(Month) (Doy) (Yeor		1E. INJURY OCCURRED	21F. H	ILMI DID WO	JRY OCCUR?		0	7.33
	(APPROX.) NO	ov. 20, 1965 1	L1:45 ^P .	VHILE AT NOT AT W		destria ruck by				
	22.	tify that I held an I			apsy X an	d that on th	is basis, death In	my aninia	,	
		Ited from: Natural co					Undetermined mann			
	1950	ited from: Natural Co.	0262	secident Suicid			AMINER _	let		
	ACTUA	L ()/	1 1	1					DATE SI	GNED
	SIGNAT		iles)	M.D.	ASSISTANT M				101165	
	NAME (S. Pett	y O	ASSOCIATE N			1.	1/21/65	
	BURIAL CRI			C. NAME of CEMETERY o			OCATION (City	, tawn, ar	county)	(Stote)
	Buri	1 1 4 1 1 1 1	165. B	altimore Na	tional (em.	Baltimo	re. M	d.	
24A	. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		A	DDRESS	
1	10V 22	1965 Robert	2, Jan	Sey M. A	Leona	rd J.	Ruck Inc,	Balt	o. Md.	2121
VS	151-REV. 1/1	165 1 0 1 9	1 0			1	1			

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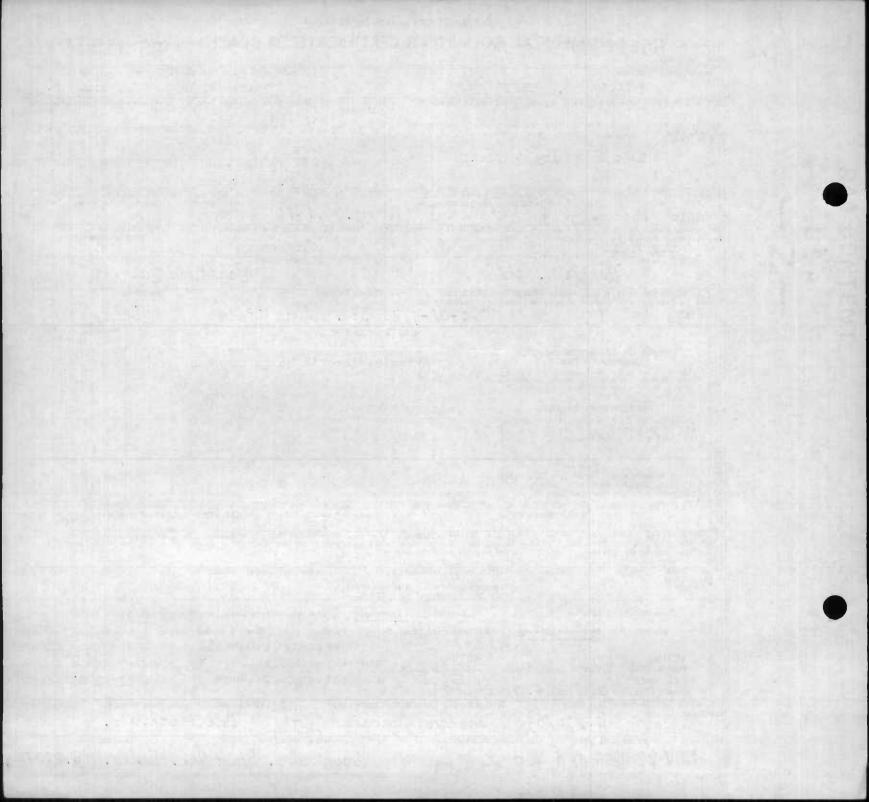
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct of confibuting cause of dearn shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M.E. CASE NO.	65 1	1906 CERTIFICA	TE OF DEATH Registered	11906			
1. NAME OF DECEASE (Type or Print)	BROC	ATO, ROSARIO	2. DATE AND HOUR OF DEATH	10:40Pm			
FULL NAME OF	(If not in hospital or	(LAND institution, give straal	A. USUAL RESIDENCE (Where decoased lived. If in A. STATE B. COUNTY MARYLAND BALTO.				
HOSPITAL OR INSTITUTION	ST. AGNE	S HOSPITAL	C. CITY OR TOWN (If outside city limits, write & GARRISON D. STREET ADDRESS (If rurel, give location) MONTROSE AVENUE	RURAL and give termship)			
S. SEX 6. R.	WHITE	MARRIED, NEVER MARRIED (specify)	8. DATE OF BIRTH 3-25-88 83 9. AGE (In years lost birthday) 82	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
Retired		OB, KIND OF BUSINESS OR INDUSTRY Store Owner	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? Italy			
JOSE	PH BROCAT	0	FRANCES Glorisio				
(Yes, no or unknown)		of service) SECURITY NO	ST. AGNES RECORDS-CATO	N & WILKENS AVE			
(This does not n	R CONDITION DIRE DING TO DEATH neon the mode of cenio, etc. It means to	dying, e.g., DUE TO	rema Nema	INTERVAL BETWEEN ONSET AND DEATH			
DISEASES OR (iise to the o UNDERLYING CO	CEDENT CAUSES CONDITIONS, if or cover couse (A) ONDITION lost. II NT CONDITIONS CO I BUT NOT RELAT ONTO CAUSING IT.	ONTRIBUTING ED TO THE	nic Slaverage repliets				
19A. DATE OF OPE	RATION 198. COND WAS PERFO	ITION FOR WHICH OPERATION	YES 20A. AUTOPSY? (Yas at No.) 20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?			
OR CONTRIBUTING DEATH (natily med		21B. PLACE OF INJURY (a.g., ir hame, form, factory, straat, af atc.)	n or obout 21C, WHERE DID (If in Baltimore line bldg., INJURY OCCUR?	City, give exoct lacation)			
OF INJURY (APPROX)	nth) (Day) (Year)	(Haur) 21E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?				
22. I certify that (I) (this hospital) attended the deceased fram NOVEMBER 13 19.65 to NOVEMBER 19.19.65, that (I) (we) last sow the deceased alive an NOVEMBER 19.19.65 and that in (my) (our) apinion death accurred on the date and fram the causes stated above. (I) (We) (did) (did not) view the body after death.							
23A. SIGNATURE 23C. PHYSICIANS NAME (Type)	-fruft	Eudig von M.D. And	anding Mad. Staff	23B, DATE SIGNED			
24A. BURIAL CREMAT REMOVAL (Special Burial	11/24/65		metery Baltimore, Md.				
NOV 22 10		2 Faluma	Leonard J. Ruck Inc. Bal	to. Md. 21214			

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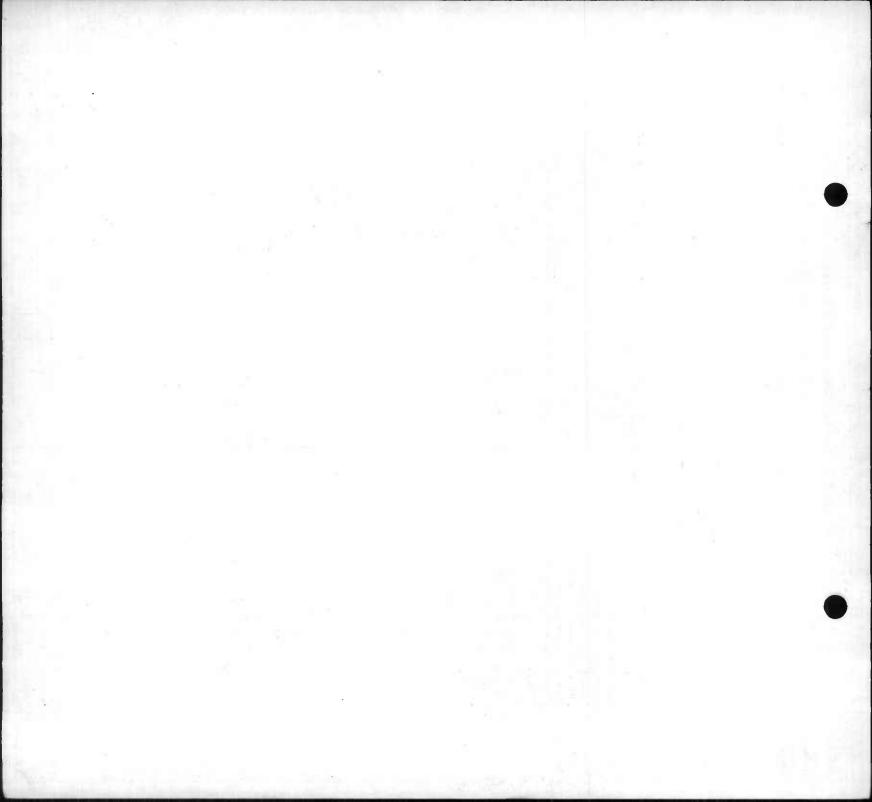
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BIRTH NO.	OF AAOCMED		CAMINER'S CI			FATH Registe	red No	4007
M.E. CASE NO			CAMILITER O CI				()()	17301
1. NAME OF I	MALCOLM A.	WILEY			20 No	vember 1965	5	3:00 p. _{M.}
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONOL	UNCED DEAD	4. USUAL RESIDE	NCE (Where yland	deceosed lived. If inst B. COL	itution: resid	lence before admission)
FULL NAME OF HOSPITAL OR	OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET			e carparate limits, write	RURAL an	d give to wnship)
1	Baltimore Ci	ty Hosp:	itals	D. STREET ADDRI		The state of	91	20
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH		lvedere	If Under	1 Yr. If Under 24 Hrs.
male	caucasian	WIDOWED,	orved (specify)	Aug. 29, 1	1	lost birthdoyl 54	Manths	Doys Hours, Min.
dane during most	CCUPATION (Give kind of wor of working life, even if retired) PENTER	KTOB. KIND OI	F BUSINESS OR INDUSTRY		irgini	a	12. CITIZE	N OF T, COUNTRY?
13. FATHER'S N	Thomas V	V. Wile	24	14. MOTHER'S MA	IDEN NAME	Gartrude	Carr	oll
	ASED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	Mrs. A	lica W	li lau	ADDRESS	me)
18.			CAUSE	OF DEATH	ace w	rrey	134	INTERVAL BETWEEN
4	EASE OR CONDITION D	IRECTI Y					-	ONSET AND DEATH
	LEADING TO DEATH	1		ioscleroti	c heart	disease		
heart fail	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)							
DISEAS	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
RISE TO	THE ABOVE CAUSE (A) S	TATING THE						
Z	(C)							
OTUES .	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
O THE	E DEATH BUT NOT RE	LATED TO						. 00 g g g,0 q0 c cc c com = 00 cc c c c c c c c c c c c c c c c c
 -		NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na) 20 B. IF YES, WERE FINDINGS CONSIDERED				
0	WAS PE	RFORMED		ye		IN CERTIFYING CAU		yes
UNDERLYIN	NAL CAUSE WAS NG OR CONTRIB- AUSE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., e, farm, factory, street, o	in ar obaut 21C. W affice bldg., INJURY	HERE DID	(If in Boltimare City, g	ive exact lo	cotian)
E 21D TIME		or) (Haur) (21 E. INJURY OCCURRED	21 F. HO	N DID INJU	DRY OCCUR?		
OF INJURY		m.		T WHILE WORK				
22.					l that an thi	is basis, deoth in	my opinion	
	certify that I held on					Indetermined monn		
re	sulted from: Notural co	ouses K	Accident Suicid		EDICAL EX		61 [
ACT	UAL /	~.0. (Toly 40	ASSISTANT ME				DATE SIGNED
	ATURE MINER'S	alles !	M.D	ASSOCIATE MI			1	1/21/65
	E (Type) Charles	S. Pet						
23A. BURIAL (Sp. Buri	ecify) 11/2//		Moreland Me	. , ,		Baltimo	re, lawn, or one	
	C'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA				DDRESS
NOV	22 1965 R.C.	39	FarleyMA	Leona	rd J.	Ruck Inc.	Bala	to. Md. 2121
VS 151-REV.				in the pro-	7 63			V



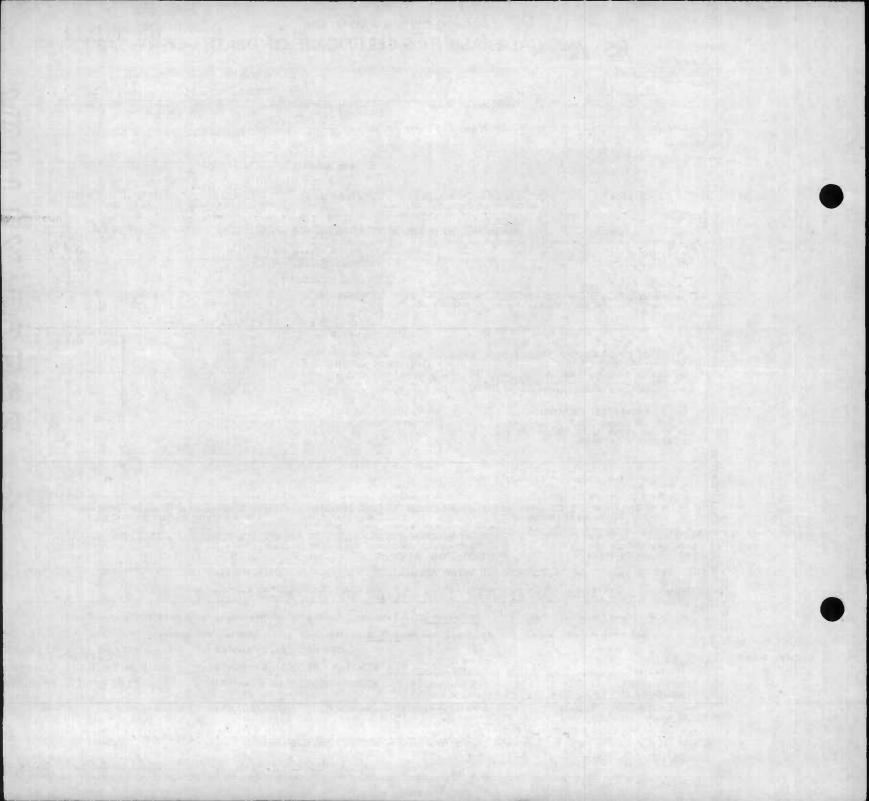
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		BALTIMORE CITY	ALTIMORE CITY HEALTH DEPARTMENT				
- 11	BIRTH NO. 65 11908	CERTIFICA	ATE OF DEATH Registered No. 11908				
	M.E. CASE NO.		2. DATE AND HOUR OF DEAT	Н 1 - 11 - 11 - 11 - 11 - 11 - 11 - 11			
	(Type or Print) Relin da	J. DENNI	S 21-Nou	1465 10,15 pm.			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, II A. STATE B. COUNTY	institution: residence before admission)			
	FULL NAME OF (If not in hospital or instituti	on, give street	MARYLAND	27-09			
	HOSPITAL OR oddress or locotion)		0.11	e RURAL and give lownship)			
4			D. STREET ADDRESS (If rural, give tocotion)				
	MARYLAND GENERAL	Hospital	2012 BURN W	ood Rd			
		NED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH / 77, 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	done during most of working life, even if retired)	WN HOME	Dona	115/4			
	13. FATHER'S NAME	voio floine	14. MOTHER'S MAIDEN NAME	00.377			
.	though The sing		MARY (DEI	1111			
	15. Was Deceased Ever In U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ADDRESS			
	(Yes, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	San Donald Thomas	113 Willigth Bu.			
	18. /) 0 / 1	CAUSE O	F DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	00	and DD A	ONSET AND DEATH			
	LEADING TO DEATH (This does not mean the made of dying,	e.q., DUE TO	yoladeal Myadler	23 12 13 mm			
	heart failure, asthenia, etc. It means the disernity or camplication which caused death.)			1			
	ANTECEDENT CAUSES	(B) and	enoclaratio Cardio Vox	ulo			
	DISEASES OR CONDITIONS, if any, give	DUE TO	aseas				
	rise la lhe abave cause (A) stating UNDERLYING CONDITION last.						
	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING					
	TO THE DEATH BUT NOT RELATED TO						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
	U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or about 27C. WHERE DID (If in Boltin	nore City, give exact location)			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?				
	O 21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	OF INJURY (APPROX.)	While At Not While At Work					
	22. I certify that (1) (this hospital) attended		11-20 1965 to	11-21 1965-			
	that (A) (we) last saw the deceased alive	11 1 - 1101.		opinion death accurred an the date			
	and haur ond from the causes stated above						
	23A. SIGNATURE A A	1		23B. DATE SIGNED			
	J. C. Cul	La M2 M.D. Atte	ending Med. Stoff Phys.				
	23C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS				
	1, C. Cul	1165 M.D.	MARYLAND GENE	-RAI HOSPITIAL			
	24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specily)	C. NAME of CEMETERY OF CRI	1-1-	(City, town, or county) (Stote)			
-	BURIA! 11/63 3	of Lecelli	ASCEM EXELL	ER, PENNT			
	25A. DATE REC'D BY HEALTH DEPT 25B. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS // A			



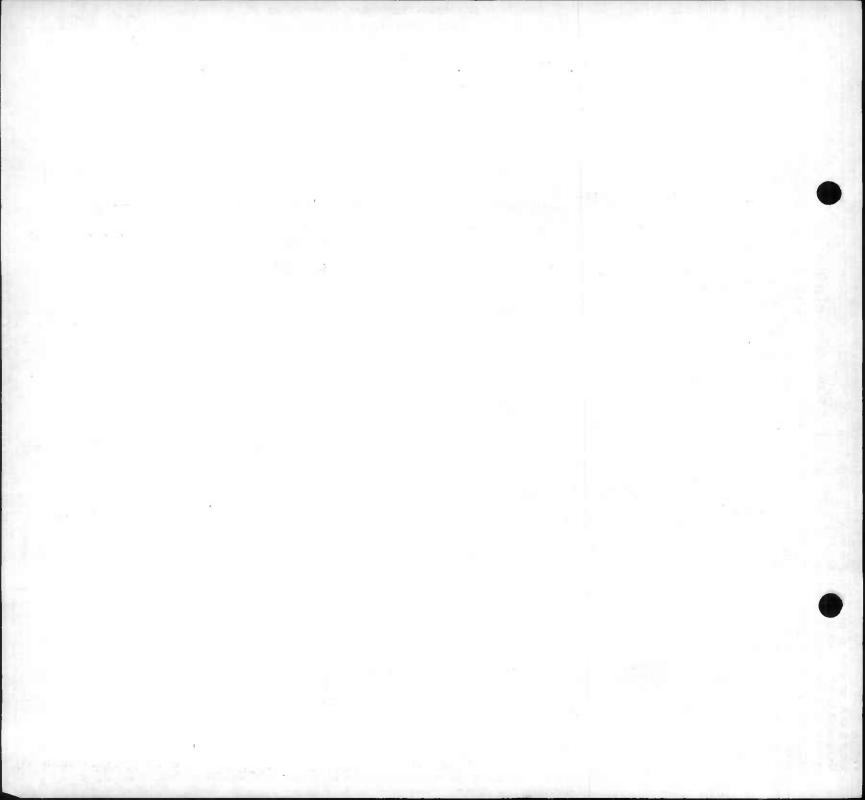
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	TH NO.	65 MEDI	CAL EX	AMINER'S CI	ERTIFICA	TE OF D	EATH Register	red Na.	
-	E CASE NO.	CEASED				In DATE AND	HOUR PRONOUNCE	ID DOAD	
(Ty	pe or Print)	ILDRED A MC	COLCAN					0 05 -	
3. 1		TIMORE, MARYLAND, W		NCED DEAD	20 November 1965 9:05 p. M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland				
HO	LL NAME OF SPITAL OR TITUTION	Ohns Hopkins	TION)		C. CITY OR TO	WN (If outside	corporate limits, write	RURAL and give township)	
13)	omis nopkins	nospica		D. STREET ADD	ress (If rurol, g		000	
						2 Hamilt			
5. 5	Eemale	caucasian	MARRIED, WIDOWED, D	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	H 2 1001	9. AGE (In years lost birthdoy)	Months Doys Hours Min.	
		UPATION (Give kind of work working life, even if retired)			11. BIRTHPLACE	tState or foreign	country)	12. CITIZEN OF WHAT COUNTRY?	
13	HOUSEW	ute AFD			14. MOTHER'S N	usetts		USA_	
	Frank	Ohlson			A1 , 1	lown			
15. (Ye:	WAS DECEASE s, no or unknown	ED EVER IN U.S. ARMED	FORCES? s of service)	16. SO CIAL SECURITY NO.	17. INFORMANT		62 /	layward St.	
					Joseph	(. Mc	olgan Bro	rintree Mass	
EDICAL CERTIFICATION	(This does heart failure, injury or co DISEASES RISE TO TH UNDERLYII OTHER SIG TO THE DISEASE OF TO THE DISEASE OF THE DISEAS	SE OR CONDITION DIE LEADING TO DEATH not meon the mode of osthenio, etc. It meons mplicotion which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A LE ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OPERATION 19B, CON WAS PERF L CAUSE WAS OR CONTRIB- SE OF DEATH.	dying e.g., the disease, death,) S NY, GIVING ATING THE CONTRIBUTIN ATED TO TH IT. DITION FOR W ORMED	(B)	no or obout 21C. V	(? (Yes or No) 20 IN WHERE DID (IIF	in Boltimore City, giv	re exoct location)	
ME					4700 Block of Hamilton Ave.				
	OF INJURY (APPROX.) NO	(Month) (Doy) Yeor	(Hour) 21 5:30 p m. W	CHILE AT NOT NORK AT W		ow do njûr t self i			
	22.	tify that I held on Ir ted from: Natural cau URE URE	uses A	Inspection Autociden Suicide	opsy on Homic CHIEF M ASSISTANT M	d that on this ide Un EDICAL EXA	bosis, deoth in m determined manne MINER MINER		
23A REA	BURIAL CRE	MATION, 23B. DATE		NAME of CEMETERY .		23 D. LO		town, or county) (Stote)	
	burial DATE REC'D	11-24	1-65 7	own Cemeter	24C. FUNER	Brai AL DIRECTOR	ntree, Mo	ADDRESS	
	NOV	22 1965 Re	. 3 du	farter M. 8	Leona	rd J. R	Luck Inc L	Baltimore, Md.	
VS	151-REV. 1/1/	65 N 85	3,4			()		V	



V\$ 150-REV. 1/1/65

BALTIMORE C	CITY HEALTH DEPARTMENT	440				
BIRTH NO. M.E. CASE NO. 65 11910 CERTIFIC	CATE OF DEATH Registered No.	11910				
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
(Type or Print) Mrs. Lillian M. Beckm	nan November 21, 196	n November 21, 1965 / 20 P. N 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If i	nstitution: residence before admission)				
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION	Maryland C. CITY OR TOWN (If outside city (imits, write RURAL and give township)					
2	Baltimore					
5 619 Carter Avenue	D. STREET ADDRESS (If rurol, give location)					
	5619 Carter Avenue					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		If Under 1 Yr. (f Under 24 Hrs. Months: Doys Hours Min.				
female white widowed 10A. USUAL OCCUPATION (GIVE kind of work) 108, KIND OF BUSINESS OR INDUST	July 16, 1884 81 TRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF				
done during most of working life, even if retired)		WHAT COUNTRY?				
Housewife 13. FATHER'S NAME	Maryland 14. MOTHERS MAIDEN NAME	U.S.A.				
Samuel Christopher	Louise Haus	ADDRESS				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
	Mrs Grace Beckman	same				
18. 422.11 CAUSE	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	The Color Time of 1'					
(This does not meon the made of dying, e.g., DUE TO	Teriosclerotic Cardio Vascular Disease	Many year				
hearl failure, asthenia, etc. 11 means the disease,	vascular Disease	. 0				
injury ar camplication which coused death.) ANTECEDENT CAUSES (B)	renevalized Arteria.	- AAA. 4.10A-				
DUE TO	Terioscherotic Cardio vascular Disease generalized Arteria. Oscleroscs) 3				
rise to the above couse (A) stating the (C)	Senility					
UNDERLYING CONDITION lost.		0011				
Z STUD CONTROL CONTROL THE						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED				
WAS PERFORMED	IN CERTIFYING CA	AUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (o., or CONTRIBUTING CAUSE OF home, form, foctory, street	g., in or about 21C. WHERE DID (II in 8o(timo)	re City, give exact location)				
DEATH (notify medical examiner) home, form, foctory, street,	olfice bldg., INJURY OCCUR?					
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID (NJURY OCCUR?					
While At Not V						
Work At W						
22. I certify that (I) (this hospital) ottended the deceosed from	19 5 10 //	-21 1965				
that (1) (we) lost sow the deceased alive on		inion death accurred on the dat				
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death.					
23A. SIGNATURE M.D.	Attending Med. Stoll	238. DATE SIGNED				
I roy Mylish	Phys. Director Phys.	11-22-65				
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	0 = 11.1				
700000000000000000000000000000000000000	.D. 5713 Belair Rd	Balto. 6 Md				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or REMOVAL (Specily)		ity, town, or county) (State)				
	netery Baltimore, Ma	rvland				
Burial 11/24/65 Parkwood Cem 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
NOV 22 1965 Robert E. Larbuma	Leonard J. Ruck Inc. 52	305 Harford Road #1				



IMPORTANT FUNERAL DIRECTOR:

and

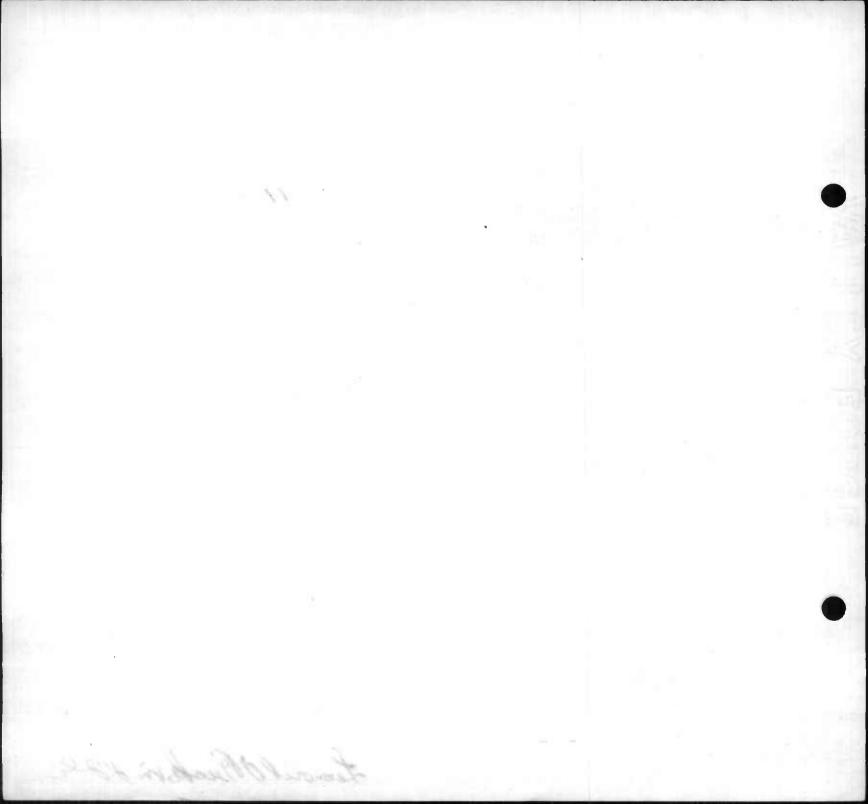
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(4) Undetermined cause; (5) Deceased of death a hospital eat ance contributing cause attend 0 prior occurred made. regular deceased disposition death = 0 90 the direct 3 assistant if death U O kind; final attendance any pronounced 0 or his embalmed of fracture the chief medical examiner examiner. ar regul who are 4 (m) physician remains Was burns; physician Body the 0 before 3 where to the hospital °Z any nature; by obtained 9 (except and of death) hospital the body was released must shows: (1) An accident 40 approval 0 prior at ď eceased was D.O.

BALTIMORE CITY HEALTH DEPARTMENT 11911 CERTIFICATE OF DEATH BIRTH NO. Registered No. M.E. CASE NO. 2. DATE AND HOUR OF DEATH 350 monu. (Type or Print) 20 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND odmission) (If not in hospital as institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township Meeler 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 His. 6. RACE Hours WIDOWED, DIVORCED (specify) lost birthdoy) 157 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) arong LAN 0/5/6 Tutomobi 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME THERINE 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 4382 20 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoting the UNDERLYING CONDITION lost, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined MEDIC 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 215. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) ottended the deceased from 65 that (I) (we) lost saw the deceased alive on... and that in (my) (aur) opinion death occurred on the date and hour ond fram the couses stated above. (1) (We) (did) (did not) view the body after deoth. 23A SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Stoff M.D. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A, BURIAL CREMATION. REMOVAL (Specify) Mardela emeteru

FUNERAL DIRECTOR VS 150-REV, 1/1/65



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			BALTIMORE CITY	HEALTH DEPARTMENT		CE 440	80		
BIRTH NO.	65 11912		CERTIFICA	TE OF DEATH	Registered No	65 119	12		
M.E. CASE NO.	EASED 44	4 44 0			AND HOUR OF DEAT	Н			
(Type or Print)	Mary	A. Mc Cau	dden	No	ov. 20, 1965	1913	0 A, M		
3. PLACE OF DEA	PLACE OF DEATH IN BALTIMORE, MARYLAND				Where deceased lived, If DUNTY	institution: residence be	fore odmission)		
FULL NAME O	F (If not in hospital oddress or location		nve street	A Maryland B. CO	foutside city limits, write	e RURAL and give town	ship)		
INSTITUTION				Baltimore,	outside only mining, with	e nonne ono groy to the	o mpr		
0	1729 Hollin	a St.		D. STREET ADDRESS	(If rurol, give location)				
	, , , , , , , ,			1729 Holling	s St.				
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Months Doys Ho	Under 24 Hrs.		
Female		A4 a	, DIVORCED (specify)	0.1. 27 100/	lost-birthdoy)	Months Doys Ho	urs Min.		
	UPATION (Give kind of wo	rk 10 B. KIND OF	BUSINESS OR INDUSTRY	H. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF			
	working life, even if retired)				,	WHAT COUNT	RY?		
	perator	Machin	ery	Maryland					
13. FATHER'S NAM				14. MOTHERS MAIDEN	NAME				
And	rew Paul		,	Mary Mi	Uer				
	Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT	-	ADDRESS			
nO	no		218 14 8151	Harry P. McCac	den. 1729 Ho	llins St.			
1B. //	2011		CAUSE C	OF DEATH		INTERVAL			
DISEA	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)					ONSET AN	D DEATH		
				cule con	omary oc	elusion			
	nol meon the mode of		DUE TO	10000000	of her La	colini	**************************************		
	asthenia, etc. It meon aplication which couse		-	my ocend	1 7	- ceer			
	ANTECEDENT CAUSE	S		congina	precove	2			
DISEASES	OR CONDITIONS, if	ony giving	DUE TO	2. C @ 11'					
	e obave couse (A		(C)	(1016,0)					
UNDERLYING	G CONDITION last.								
	- 11								
OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING	3 E						
DISEASE OR	CONDITION CAUSING	IT.		IOO A ALLEGO SWO IV	N-1 200 IF WEE WEE	r rivolvice covere	nep.		
19A. DATE OF		REFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING	RE FINDINGS CONSIDER CAUSES OF DEATH?	(ED		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21 B. hom etc.	e, form, foctory, street,	in or obout 21 C. WHERE DI office bldg., INJURY OCCUI		nore City, give exact loc	otion)		
0 21 D. TIME	(Month) (Doy) (Yeo	r) (Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?				
S OF INJURY	OF INJURY								
22 1 20215	WOIN AL WOIN								
AL A (I) (22. I certify that (1) (this haspital) attended the deceased fram 1965 and that in(my) (aur) apinian death accurred an the date								
						ipinian again accurre	Ju on the date		
		ated abave, (I) (We) (did) (did nat)	view the bady after dea	ith.	DATE SIGNED			
23A. SIGNATI	JRE O .)	10	tending are AAad -	Stoff	23B. DATE SIGNED			
100	nley 4	n kuel	M.D. At	ys. Med. Director	Phys.				
23C. PHYSICIA	Ivoe)	-	1	23D. ADDRESS	A 0	A	2		
117.11	STANLE	Y ANY	CUDAS M.D.	1802 W. 3	cell. / See	123	Ma		
24A RIIDIAI CRE	MAATION 248 DATE	24C N	ANAF OF CENAFTERY OF CI	REMATORY 124	D. LOCATION	(City town or county)	(Stote)		

REMOVAL (Specify) 11-23-65 Loudon Park Cemetery
DEPT. 258. NAME OF REGISTRAR
1965 Roberts 2. Lander M.A. Frederick Ave. Balto. Address Thomas J. Kenny, Inc. 1600 Hollins St NOV 22 DEPT. VS 150-REV. 1/1/65

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July 27

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Body

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BALTIMORE CITY HEALTH DEPARTMENT 11913 Registered Na. BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) u_o 11/18/65 9.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence Samuel Williams death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township 10 INSTITUTION Baltimore D. STREET ADDRESS prior (If rural, give location) is made. South Baltimore General Hospital 833 Seagull Avenue regular 5. SEX 7. MARRIED, NEVER MARRIED R. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. bespesed Months Doys WIDOWED, DIVORCED (specify) lost birthdov Male Colored Sep. 10/14/17 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition = done during most of working life, even if retired) ŏ Relay Md MOS Laborer: the 14. MOTHER'S MAIDEN NAME Joseph Williams Mary P. Ireland death LO 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 1 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance Harriett L.Williams-I32I Hanover pronounced CAUSE OF DEATH Grebrol Hemontoge DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH fThis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease. regular injury or camplication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the physician the remains UNDERLYING CONDITION last. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the WAS PERFORMED before 21 A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX) Work Al Work and 11/17/65 22. I certify that (版(this hospital) attended the deceased fram pe 11/18/65 that **X**) (we) last saw the deceased alive an..... eath) hospital and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A SIGNATURE ŏ Med. Director Attending 9 Phys. approval 0 prior 23C. PHYSICIAM'S 23 D. ADDRESS at NAME (Type) DR. M. KAUFMAN South Gen. Hosp. D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify)

_19____and that in 1000 (aur) apinian death accurred an the date 23 B. DATE SIGNED 1213 Light Baltimore County Arbutus Mem-Park II-2I-65 Isaiah L. Brown and 108 W. Montgomery ADDRESS Street VS 150-RFV, 1/1/65

admirrian)

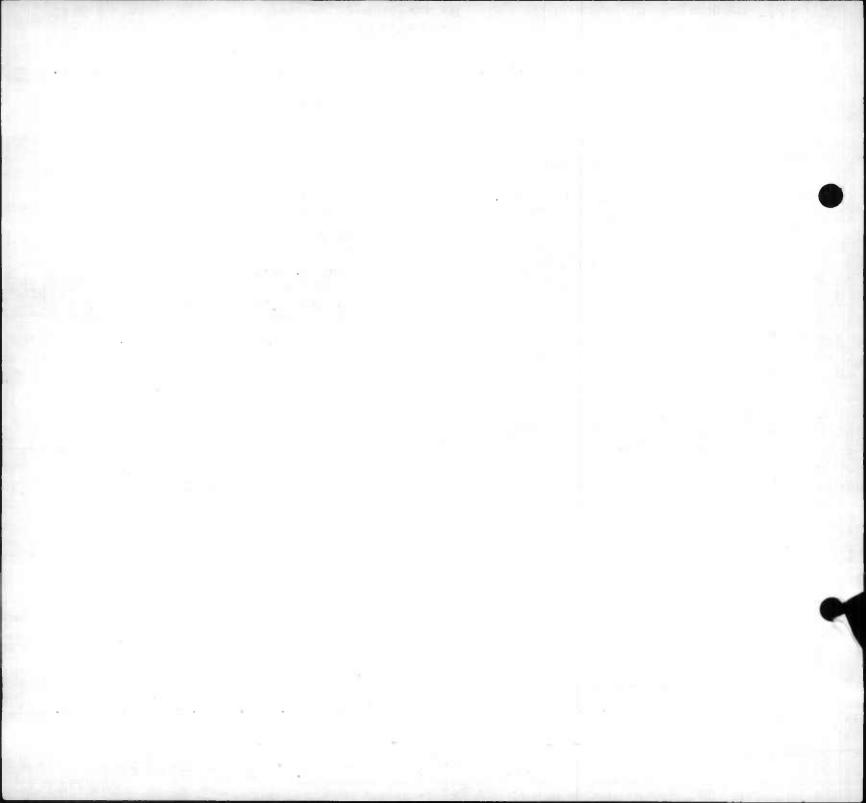
If Under 24 Hrs.

Hours

WHAT COUNTRY?

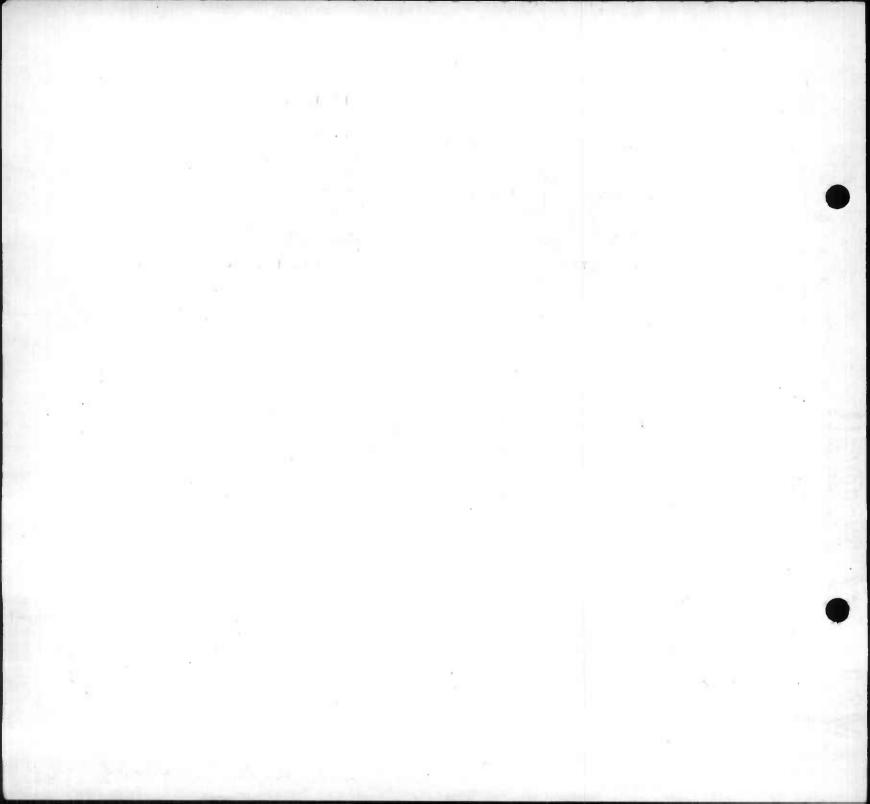
ADDRESS

INTERVAL BETWEEN ONSET AND DEATH



	FUNERAL DIRECTOR: IMPORTANT	t: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death o	he chief medical examin	er or his assistant if death o
the body was released to the hospital by a medical examiner. Also, if the direct or con	l by a medical examine	r. Also, if the direct or con
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeter	(2) Body burns; (3) A frac	ture of any kind; (4) Undeter
was D.O.A. at a hospital (except where the physician who pronounced death was in re	re the physician who p	ronounced death was in re
deceased prior to death); and (6) No physician was in regular attendance on the decea	physician was in regul	ir attendance on the decea
written approval must be obtained before the remains are embalmed or final disposition is	fore the remains are em	palmed or final disposition is

BALTIMO	RE CITY HEALTH DEPARTMENT	11914					
DIRTH NO. 65 11914 CERTI	FICATE OF DEATH Registered No.	11214					
M.E. CASE NO. I, NAME OF DECEASED Type or Print) AMANDA FRETT	2. DATE AND HOUR OF DEATH	7:25 P					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decreased lived, It instit	ution: residence before admissi					
FULL NAME OF (If not in hospital or institution, give street address or location)	VIRGIN ISLANDS C. CITY OR TOWN (If outside city limits, write RUP	PAL and give towaship)					
INSTITUTION	ST. THOMAS	(AC one give township)					
THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If ruiol, give locotion) TAAREBBERG 26						
FEMALE NEGRO 7. MARRIED, NEVER MARRIED YADOWED DIVORCED (SP.	B. DATE OF BIRTH 4-3-19 9. AGE (In yeors 1) Note that the second of	Months Doys Hours Min.					
to USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME ABRAHAM FRETT	14. MOTHER'S MAIDEN NAME CATHERINE E. PETERS	0 N					
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY No.		Abbrille					
18. 754,3	AUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2						
(This does not mean the mode of dying, e.g.,	TO TESPER and	g n d na maga mu n n n n g wum n n u wakaribib mwakaribib 1944 0 mw 5156 0 0 0					
LEADING TO DEATH (This does not mean the mode of dying, e.g., healt failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES (A) DUE TO							
ANTECEDENT CAUSES (B)	tulin, lalma	经收收帐款 化化合物 化化 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化					
DISEASES OR CONDITIONS, if any, giving							
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.							
II.	V						
198. CONDITION FOR WHICH OPERATION	N 20A. AUTOPSY? (Yes or No.), 20B. IF YES, WERE FIN	DINGS CONSIDERED					
31/10/65 WAS PERFORMED (A 5D) LS IN CERTIFYING CAUSES OF DEATH?							
U 21A. &CCIDENT WAS UNDERLYING 21B. PLACE OF INJU	RY (e.g., in or about 21 C. WHERE DID (It in Boltimore C street, office bldg., INJURY OCCUR?	ity, give exact location)					
21D. TIME (Month) (Dov) (Year) (Hour) 21E INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?						
	Not While At Work	,					
22. I certify that (I) (this hospital) attended the deceased/fram // // 19/65 to //// 19/65 19/65 to ///// 19/65 19/65 to //// 19/65 19/65 19/65 to //// 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65 19/65							
22. I certify that (I) (this hospital) attended the deceased fram 19 5 and that in (my) (aur) apinian death accurred an the							
that (I) (we) last saw the deceased alive an							
23A. SIGNATURE		B. DATE SIGNED					
Drugge W. Won some	.D. Attending Med. Stott Phys. Phys.	11/15/65					
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	111					
BRUCE W.WEISSMAN	M.D. JOHNS HOPKINS HOSP						
	Y OF CREMATORY 24D. LOCATION (City,	town, or county) (State					
Bural 19/25 Virgue 10	Par L						
NOV 22 1965 Politic E. Marie Marian	25C. FUNERAL DIRECTOR LO WILSON 1000R	Brantley An					
VS 150-REV. 1/1/65		111					



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a medical examiner.

Also, if the direct or contributing cause of death

(Typ	e or Print) Wil	ASED				19,1965:	
2 PI	W11	liam Bellfi					5155 y
	ULL NAME OF	(If not in hospital	or institution, g	rve street	A. STATE Md.	DUNTY	This firm non: residence before dam
115	NSTITUTION	oddress or location				outside city limits, writ	te RURAL and give township)
U	S Public	Health Serv	rice Hos	pital	Baltimore		
W	yman Pk.	Drive & 31s	t. Stre	et	D. STREET ADDRESS 105 Conway St	(If rurol, give location)	1
S. SI	ex M	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH 11/19/65	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 2 Months Doys Hours
done		orking life, even if retired)	Seaman		VA.	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	FATHER'S NAM	E			14. MOTHERS MAIDEN	NAME	
	MARXA E	WXX UNK.			Maria (Maid	len unknown)	
S. V	Was Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT		ADDRESS
	Yes	(If yes, give wor or dote None	s of service	717 07 9604	Records- US F	HS Hospital.	Balto, Md.
-	18.	5 V I	-	CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASES OF rise to the	Isthenia, etc. II means blication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A)	deoth.)		APENE LARSINEM MATASTASI	A DOSTATI	C YTTARS
TION	DISEASES OF THE BELL OF THE BE	NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION lost. II ICANT CONDITIONS CATH BUT NOT RELA	any, giving stating the	(C)		A. MOSTATIS	E YTARES
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MEDICAL CERTIFIC	DISEASES OF THE DEPTH OF THE DE	NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION lost. II ICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I TOPERATION 198. CON WAS PERI T WAS UNDERLYING ING CAUSE OF medical examiner (Month) (Doy) (Year) whot (I) (this hospital lost saw the decease from the causes state with the causes with the causes with the cause wi	any, giving stating the CONTRIBUTING ATED TO THI T.T. CHOUNT STATE TO THE STATE TO	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED le A1	20A. AUTOPSY? (Yes on Month of the property of	IN O 20B. IF YES, WEE IN CERTIFYING () O (If in Boltin) INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES OF THE SIGNIFT TO THE DEDISEASE OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION (APPROX.) 21 A. ACCIDEN OF CONTRIBUTION (APPROX.) 22. I certify the contribution of	NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION lost. II ICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I TOPERATION 198. CON WAS PERI T WAS UNDERLYING ING CAUSE OF medical examiner (Month) (Doy) (Year) whot (I) (this hospital lost saw the decease from the causes state with the causes with the causes with the cause wi	any, giving stating the CONTRIBUTING TED TO THIT THE TOTAL TED TO THE TOTAL TED TO THE TOTAL TED TO THE TOTAL TED TO THE TOTAL TED TOTAL	PLACE OF INJURY (e.g., form, foctory, street, Not Wh At Work At Work At Work) (We) (did) (20A. AUTOPSY? (Yes o NO In or obout 21 C. WHERE DII office bldg., INJURY OCCUP 21F. HOW DID nile 19	IN OP 20B. IF YES, WEE IN CERTIFYING (OF A STATE OF THE	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact locotion) 19 ppinion death occurred on the 23B. DATE SIGNED

VS 150-REV. 1/1/65

De 5-3/30

1-1-10-10-1-10-17

Called Hospital for Parc

	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approve the body was released to the h shows: (1) An accident of any no was D.O.A. at a hospital (except deceased prior to death); and	ad by the chief medical examiner. ospital by a medical examiner. ature; (2) Body burns; (3) A fractupt where the physician who prof (6) No physician was in regular	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined causwas D.O.A. at a hospital (except where the physician who pronounced death was in regular attedeceased prior to death); and (6) No physician was in regular attendance on the deceased prior

BALTIMORE CITY HEALTH DEPARTMENT 65 119	916
BIRTH NO. M.E. CASE NO. G5 11916 CERTIFICATE OF DEATH Registered No.	J.I.U
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
(Type of Print) MILDRED HIGGINS 11-19-65	7:45
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A, STATE B, COUNTY	ce before odmi:
	25
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give	township)
Pull	
MERCY HOSPITAL D. STREET ADDRESS (If rurol, give locotion)	
2201 PARKWAY HOUSE	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr.	
F WIDOWED 3-23-1896 last birthday) Month's Doys	Hours M
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN O)F
done during most of working life, even if retired) WHAT CC	
HOUSEWIFE MARYLAND U. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	S.A.
WILLIAM T. HOFFMAN ELLA MCKENNA	
(Yes, no or unknown) (If yes, give war or dates of service)	RESS
No None Mrs. W. S. Cahill Warrington Apart	tments
18. 1 CAUSE OF DEATH INTERV	VAL BETWEEN
DISEASE OF CONDITION DIRECTLY	AND DEAT
LEADING TO DEATH (This does not mean the made of dvice as	aus
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease.	/-
injury at complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION tast.	***********
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	and
198. CONDITION FOR WHICH OPERATION 204 AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS ON SIN CERTIFYING CAUSES OF OF ATH	SIDERED
O 21A. ACCIDENT WAS UNDERLYING	t location)
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work At Work	
22. I certify that (1) (this hospital) attended the poleased from Workenber 14 19 605 to Wellefel	19/
that (I) (we) ast saw the deceased alive an Albustier A 19 (c) and that in (my) (au) apinion death acc	11.176
	urred on th
and haur and from the causes stated abave. (I) We did (did nat) view the bady after death.	150
	17
M.D. Attending Med. Staff Phys. Director Phys. Staff	165
23C. PHISICIAN'S NAME (Type)	
NELSON C. SUN M.D. MERCY HOSPITAL	_
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or coun	ity) (SI
Burial 11/23/1965 Mount Olivet Cemetery Baltimore, Maryland	
254. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	DDRESS / -
NUV 22 1965 Robert E. Farlina Wm J. Victimer & Sono nothing	1) 184.
\$ 150-REV. 1/1/65	1

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FUNERAL DIRECTOR:

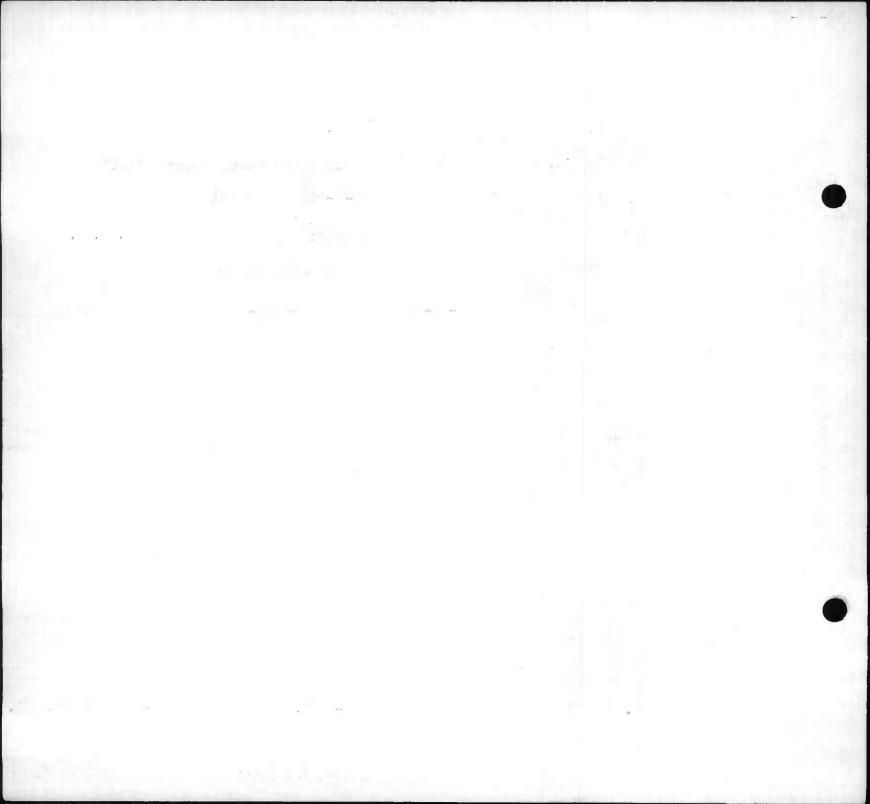
BALTIMORE CITY HEALTH DEPARTMENT

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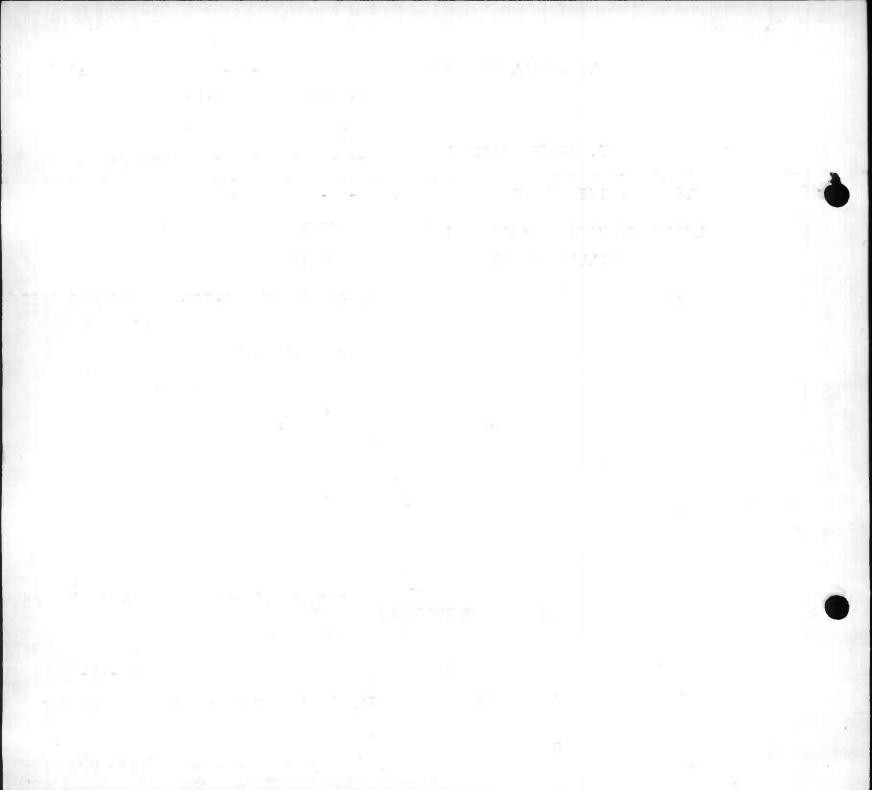
39-69-57

BALTIMORE	CITY	HEALTH	DEPARTMENT
	40		

BIRTH NO.	65 1191		CERTIFICA	TE OF DE	ATH	Registered No.	65 11918
Type or Print)	SED	ARY	Lyon	4	2. DATE AN	11- 20-	45 6:14 P.
FULL NAME OF HOSPITAL OR INSTITUTION B	(If not in hospitol oddress or locotion ALTIMORE C 940 EASTEF ALTIMORE,	CITY HORN AVEN	SPITALS NUE	BALT D. STREET ADDR	AND (If outs	ΤΥ	RURAL and give township)
		7. MARRIED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIR		orth Avenue	Months: Days Hours Min.
Female	White	Wid	lowed BUSINESS OR INDUSTRY	3-1-81		84	12. CITIZEN OF
	king life, even if retired)	IUB. KIND OF	BOSINESS OF INDUSIKE	III. BIRIHPLACE	Stote or loreig	gn country)	WHAT COUNTRY?
Housewif				Canada	AIDEN NAA	AE	U. S. A.
Samuel	Groves						
. Was Deceased Ex	er in U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT	Sponin	nguerg	#21224
No No	yes, give wor ar date None	s of service)	213-311-11627	PECOPIN	DOU P	holo E	#21224
18. 49 DISEASE	3 X I	ECTLY	CAUSE 0		S-DUH-	-4940 East	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR	thenia, etc. II means calian which caused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	death.) any, giving stating the	(B)	Septin Preex	munia	·	1-2 Jays
TO THE DEA	CANT CONDITIONS C TH BUT NOT RELA ENDITION CAUSING I PERATION [198] CON	TED TO TH	e arth	itis 20A. AUTOPSY	? (Yes or No)	20B, IF YES, WERE	SEAS FINDINGS CONSIDERED
19A. DATE OF O	WAS PERF	ORMED		7	0	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
U 21A. ACCIDENT	WAS UNDERLYING DO CAUSE OF edicol exominer	21 B. hom etc.)	PLACE OF INJURY (e.g., in e, farm, foctory, street, of	n or obout 21C. WH	ERE DID OCCUR?	(If in Baltimor	e City, give exoct location)
_	Month) (Doy) (Year)		INJURY OCCURRED Ile At Not While At Work	е	N DID INJU	URY OCCUR?	
that (4) (we) la	st sow the decease	d olive on) (We) (did) (did no) v	19 45	ond the	9 64 to	11 - 20 19 65 inion death occurred on the do
L	unice 1	nall	M.D. Atte		ed. rector	Stoff Phys.	11/20/65
23C. PHYSICIAN NAME (Type	S e)	7		23D. ADDRESS			#21224
AA. BURIAL CREMA REMOVAL (Spe		24C. NA	AME of CEMETERY of CRE		24D. LC	CATION (C	ity, town, or county) (Stote)
Removal			ilton Cemeter	25C. FUNERAL		ilton Ontar	
NOV 22	1965 10 0	LO T.	D	211- 1	7	1 1	O Balto, Y



DIOT	TH NO.	65 11919			TE OF DEATH	A Pasistavad Not	5 11919		
M.E	E CASE NO.			CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	who also V . L. V		
	pe or Print)			NA LOCEDII					
3. P	PLACE OF DEA	DALEY WATH IN BALTIMORE MAR	YLAND	AM JOSEPH	14. USUAL RESIDENCE (WH	1 - 1 7 - 65 nore decoased lived. If in	stitution: residence before odmissign)		
-	FULL NAME O	F (If not in hospital o		give streot	MARYLAND C. CITY OR TOWN (If o	BALTIMO	ORE		
- 11	NOITUTITZ						12 -11-2		
10)	ST. AGNE	S HOS	SPITAL		70NE (Frurol, give location)	28 5370		
5 6	EV	6. RACE	7 AAADDIET	D. NEVER MARRIED	SPRING GRO	9. AGE (In years			
١	MALE	WHITE	MARE	RIED (specify)	12-20-97	67	Months Doys Hours Min,		
done	e during most of	working life, even if refired) CARRIER		OFFICE	11. BIRTHPLACE (Stote or for MARYLAND	reign country)	12. CITIZEN OF WHAT COUNTRY?		
3.	FATHER'S NA		P DAL	-EY	MAMIE S				
15. \	Wos Deceased	Ever in U. S. Armed Force	» s?	16. SOCIAL	17. INFORMANT		ADDRESS		
(Yes	NO	(If yes, give wer or dotes	of service)	SECURITY NO.		CORDS-CATON	& WILKENS AVES		
	18.420	0,/1		CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEA								
	(This does	PN							
	heart failure,	asthenio, etc. It means inplication which coused	he diseose),					
		ANTECEDENT CAUSES	Jeam./	(B) ART	ERIOSCLERO	MC HEAR	7		
				1-7-7-8-0-0-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8	· cuinnes • • • • • • • • • • • • • • • • • • •				
		OR CONDITIONS, if o	** * * * * * * * * * * * * * * * * * *						
9	UNDERLYING	G CONDITION last.			WHAT I'V I'V I'V I I I I I I I I I I I I I I	***************************************	======================================		
TION	TO THE D	FICANT CONDITIONS CO	ED TO T	NG HE	> 1				
CA		OPERATION 198. COND		WHICH OPERATION	20A. AUTOPSY? (Yes or h	No. 208. IF YES. WERE	FINDINGS CONSIDERED		
TIF	0	WAS PERFO	DRMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
AL C	OR CONTRIBL	NT WAS UNDERLYING JING CAUSE OF medicol exominer)	21 ho	mo, form, foctory, street, c	n or obout 21 C. WHERE DID	(If in Baltimore	City, give exect locotion)		
ā	21D. TIME	(Month) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?			
ME	OF INJURY			hile At Not Whi	le 🗔				
		7 114.1		ork At Work		1			
	22. I certify	that (1) (this hospital)	ottended	the deceased from			EMBER 17 19 65		
	that (I) (we)	lost saw the deceased	olive on.	NOVEMBER 1	/ 19 65 ond t	hot in (my) (our) opi	nion death occurred on the dot		
	and haur one	from the couses state	d obove.	(I) (We) (did) (did not)	view the body ofter death	•			
M.E. 1. N. (Typ) 3. PH 10A. done 13. F 10A. done	23A. SIGNATU	IRE /	,	(, .			23B. DATE SIGNED		
		1/1/20	111	M.D. AH	ending Med.	Stoff Phys.	11 17 65		
Н	23C. PHYSICIA				23D. ADDRESS	***************************************	11-17-65		
	NAME (T	MAN FRED	AMRH	EIN M.D.	ST. AGNES HO	COLITAL CA	TON C MILES		
24 A	RUPIAL CRE	MATION, 248. DATE		IAME of CEMETERY of CR			ATON & WILKENS		
	REMOVAL	Spocify)		THE OF CHARLERY OF CR	240.	EUCATION (C)	ty, town, or county) (State)		
	Bur	ial 11/20-6	-	Woodlawn		Baltimore	Avd.		
25A	DATE REC'D	1965 But	BE CHOL	SE PEGISTRAR	25C. FUNERAL DIRECTO	1 / 0/1/11	136 ADDAY		
N	UY AA	1500 00000		AT 12 11 11	+ ronk It A	eits 814 11			
VS	150-REV. 1/1/	65				7			



	CE 440	04	BALTIMORE CITY	HEALTH DEPARTMENT		CE 44004
IRTH NO.	65 119	21	CERTIFICA	TE OF DEATH	Registered N	65 11921
LE CASE NO.					AND HOUR OF DEAT	
NAME OF DECEA		010				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mary K.	U'Donne	ell		ember 20, 196	
PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (\ A. STATE B. CO	Where deceased lived. I	institution: residence before admission
				A4 2 2		1) 12
FULL NAME OF HOSPITAL OR	(If not in hospital oddress or location		ive street	Maryland	<u> </u>	
INSTITUTION	oddress of locolloc	.,				te RURAL and give township)
2	Lana Graan	Nonsin	Homa	Baltimore	2	
	Long Green			D. STREET ADDRESS	(If rurol, give location)	
	115 E.Me	laine A	10.1	110 Cedare	croft Road	
SEX 6	RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
2FX D	KACE	WIDOWED	, DIVORCED (specify)	o. DATE OF SIKIH	lost birthdoy)	Months Doys Hours Min.
emale	White	widow	ved	7/22/87	78	
	ATION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
4.4	rking life, even if retired)			44 4		WHAT COUNTRY?
House	wife			Maryland 14. MOTHER'S MAIDEN		U.S.A.
FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
A AA	C . 1			11 .1 .	0.1/	
James Mc	Cormick			Katherine	r DeVanney	
Was Deceased E	ver in U. S. Armed For If yes, give wor or dote	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
S, HO OF WHIRHOWHITH	i yes, give wor or dole	S DI SEIVICE	SECURITI NO.	10.11. 011	0 11 210	11 0 1412
no			none		ornell 219	Upnor Road #12
18. 4.4	2 X I		CAUSE O	DEATH	. ,	ONSET AND DEATH
DISEASE	OR CONDITION DI	RECTLY	//	1 1	1/	1 Citizet Alto Stayin
L	EADING TO DEATH		[4]	MOHIANG	Deschould	and HXAL
(This daes nat	meon the made of	dying, e.g.,	DUE TO	COVORT F	A CONTRACTOR	101
heart failure, a:	sthenia, etc. II means	the disease,	//	0 ,	11 -	
injury ar campl	icolian which caused	death.)	Ina	no. le al	AV-TING	12 1/2
1A	TECEDENT CAUSES		DUE TO	ungar!	17/621030	1521 5
DISEASES OR	CONDITIONS, if	any giving	509101	100	111/	1111
	abave cause (A)		(c) 10	100 al 1 Del	at Wally	1/12/07/2
UNDERLYING	CONDITION last.			The state of	DO -0 -	
	11			7		
OTHER SIGNIFI	CANT CONDITIONS	ONTRIBUTING	3			
TO THE DEA	ATH BUT NOT RELA	ATED TO THE				
DISEASE OR C	ONDITION CAUSING		Willest Aben - Trans	TOO A A SITE BOVE (V	. New 200 to was	DE CINDINGS CONSIDERS
19A. DATE OF C	PERATION 198. CON		VHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
0	777.5 7 EK			_ /-		
21 A. ACCIDENT	WAS UNDERLYING	218.	PLACE OF INJURY (e.g., i	or obout 21C. WHERE DI		more City, give exoct locotion)
	NG CAUSE OF	hom-	e, form, factory, street, o	fice bldg., INJURY OCCU	R?	
	nedical examiner	616.7				
	Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
O1 11130K1		Whi	le At Not Whil			
(APPROX.)		Wor				
22. 1 careify al	hot (I) (+Lis hospita	H attended +	e deceased from	(In lohe	2103510	11/20 10/al
			4 2 4	No 1	17	
that (1) (we)	ast saw the decease	ed alive on		1919 65 an	d that in (my) (aur)	opinion death accurred an the d
and hour and	from the courses sto	ted above_(I) (We) (did) (did no+)	iew the bady after dec	ıth.	
23A. SIGNATUR	//_//		, -, (5.4) (514 Hall) (5557 01161 060	<u> </u>	23B, DATE SIGNED
23M. JIGNATUR	21/ 19	-in	17 00	nding = Mad =	- Stoff -	11/
16	Mada	110%	Dunally Phy	ending Med. Director	Stoff Phy s.	11/22/21
23C. PHYSION	's /	,	The second	23 D. ADDRESS		101
NAME Typ	2	Tail	7 1/			
1	721/251	1-17/1	ONNE/M.D.			
A. BURIAL CREM	ATION, 24B. DATE	24C.NA	ME of CEMETERY or CR	EMATORY 24	D. LOCATION	(City, town, or county) (State
REMOVAL (Sp	ecify)	. /			0.1.	
Burial	11/23	165 No.	" Cathednal	Compton	Baltimore.	Maryland
A. DATE REC'D B	Y HEALTH DEPT.	258. NAME C	OF REGISTRAR	Cemeter MAL DIRECT	TOR	ADDRESS
NOV OO	SOCE A A	0 %		John A M	0 2	200 6 0 1 =
NUY 22	1965 17 0 1	2 Fa.	MEN MOR	Joint Mo . Ilk	rang Inc. 30	100 C. Balto St.
S 150-REV. 1/1/65				1,1		

a Daniel Land

21E. INJURY OCCURRED

Inspection

Accident X

3:00 TO HILE AT

NOT WHILE

Autopsy X

Suicide

23C. NAME of CEMETERY or CREMATORY

Nov. 22, 1965 Mt. Auburn Com.

21 F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

M. D. ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Homicide

Fell on pavement

23D. LOCATION

ond that on this bosis, death in my opinion

Undetermined manner

DATE SIGNED

11-19-65

(City, town, or county)

ADDRESS

(State)

21D TIME

OF INJURY

(APPROX.)

REMOVAL (Specify)

VS 151-REV. 1/1/65

Burial

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type) 23A, BURIAL CREMATION,

24A. DATE REC'D BY HEALTH DEPT.

22.

(Month)

resulted from: No

11

I certify that I held on

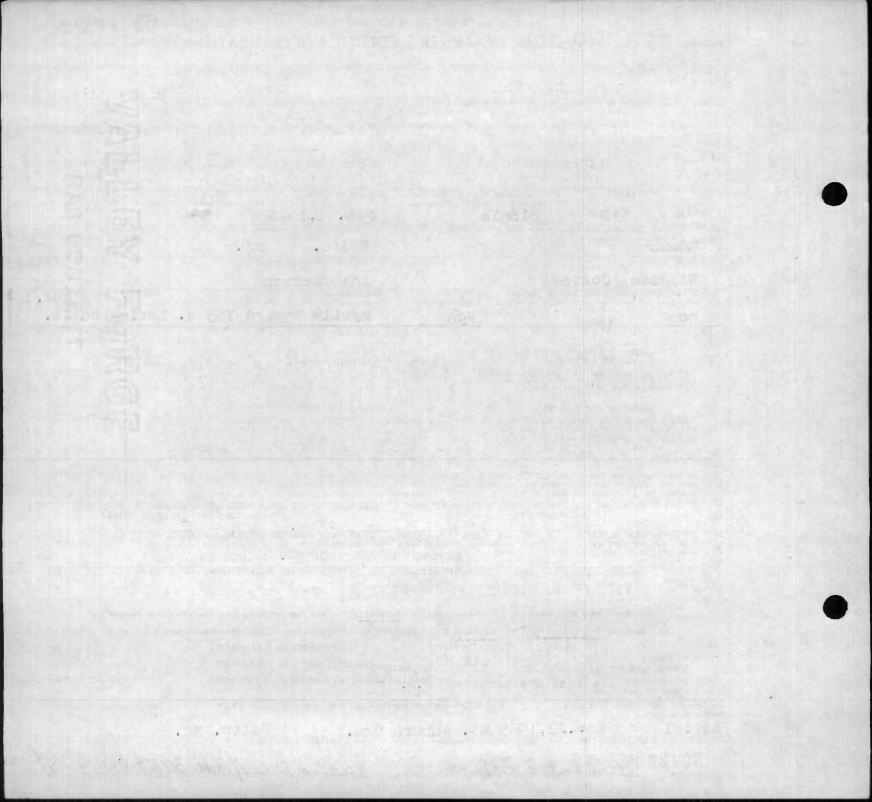
(Day)

23B. DATE

(Year)

Inquiry ___

Rudiger Breitenecker,



BALTIMORE CITY HEALTH DEPARTMENT

	65 113
	BIRTH NO.
1	M.E. CASE NO.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATHR	egistered No.5	11923
		CEITINICATIE	U		9	and a making land of the

DIK	11 140.	MILDI	CAL LAM	WILL O CI	-1/1111	CAIL		E/4111		AND THE CONTRACT	and a
-	L CASE NO.					127					
(Ty	NAME OF DE	FREDERICE	K SMITH			2. 07		mber 18, 19		4:37	PM.
3. F	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL	RESIDENCE		deceased lived. If insti		ence before o	
FUI HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTIO	ON, GIVE STREET		Mary]	Land If outside	corporate limits, write			
9		Provid	dent Hosp	ital	D. STREE	ADDRESS	(If rurol,	give locotion) rrollton Av	e.	0/	
5. 5	nale	6. RACE negro	7. MARRIED, NE WIDOWED, DIV Widowe	ORCED (specify)	July		1884	9. AGE (In years lost birthdoy) 81		1 Yr. If Unde Doys Hours	
don	during most of		108. KIND OF BL	JSINESS OR INDUSTRY		Va			U.S	COUNTRY?	
13.	FATHER'S NAM	P .			14. MOTH	ER'S MAIDER					
15	HAC DECEASE	Peter Smit		506141	17. INFOR		Leas	ea	ADDRESS		
		(If yes, give wor or dote	s of service)	SECURITY NO.							
	no		2]1	5-01-6182	Kin OF DEA		nith	620 N. C		lton A	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying e.g., heart follow, ostherio, etc. It meons the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							NDINGS CC	DN SIDERED			
		L CAUSE WAS	21 B. PLA	CE OF INJURY (e.g., orm, foctory, street, o	in or obout	21C, WHERI	E DID (If in Boltimore City, gi			
EDICAL	UTING CAL	JSE OF DEATH.	etc.)	om, lociory, sheet, c	mee orage,	IIII OCI	COK:				
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	(Hour) 21E. m. WHI	LE AT NOT AT W	WHILE	21F. HOW [ULNI DK	RY OCCUR?			
		VER'S D. 11	reiter	nspection X Autident Suicid	ASSIST A	domicide [CAL EX	s basis, death in mindetermined manner AMINER AMINER AMINER AMINER AMINER		DATE SIG	GNED
REA	MOVAL (Special			M+ Colwar					town, or co		(Stote)
	Burial A DATE REC'D NOV 2		248, NAME OF			M.	RECTOR	nne Arunde	el Co	DDRESS	=4
145		V 105FU 2	6 8 Fall	kullin.	l.K.	40ege	4.1	Man 1010,	N. Car	sign of	7
A 2	151-REV. 1/1.	00									

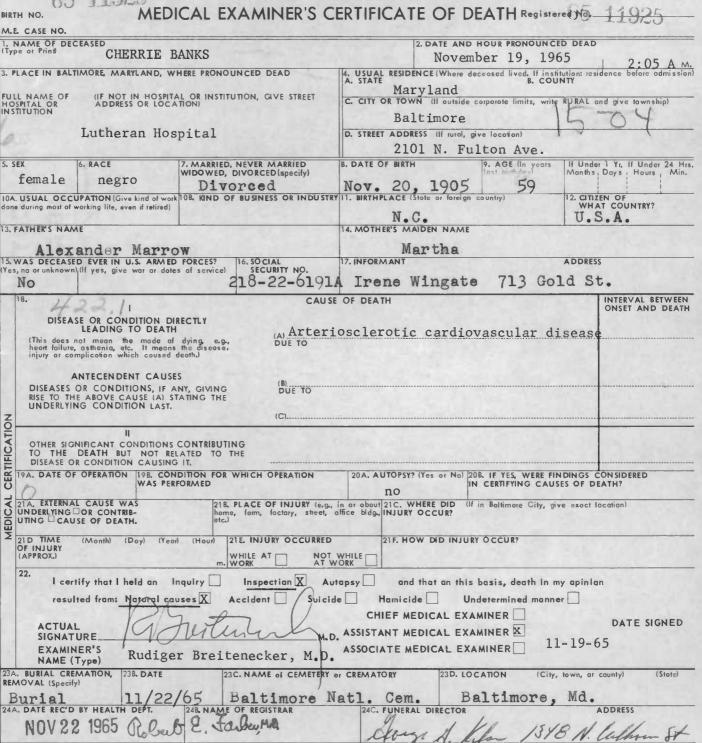
adel , of winter . ava not flowers . W oso sting breath S810-10-215

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	RE CITY HEALTH DEPARTMENT
	FICATE OF DEATH Registered No.
N.E. CASE NO.	2. DATE AND HOUR OF DEATH 13 1 1924
(Type of Print) of Ora Onderson	11-17-65 5.150PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR/TOWN (II outside city limits, write RURAL and give township)
franklin square Hoy	a paltimore
The state of the s	D. STREET ADDRESS (If two, give location)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe	
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF
done during most of working life, even if retired)	Maryland U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cornelius Kairston	socotly Price
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknawn) (II) yes, give war or doles of service) 16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No	CONNELIUS Hairston 4347 Reistertown
18. 651,01 CA	AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	thought for miles 6 for s
(This does not mean the made of dying, e.g., DUE	10
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	Lenting unear dought in To
ANTECEDENT CAUSES (B) DUE	10
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	heater abortion
UNDERLYING CONDITION last.	
Z CTUER SICHISICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A. AUTOPSY? (Yes) or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
218. PLACE OF INJUI	RY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
While At	Not While At Work
22. I certify that (I) (this hospital) attended the deceased fra	in 3:50AM 11-17 - 1965 to 5:50PM 11-17 1965.
that (1) (we) last saw the deceased alive an	-17 - 19.6 T and that in(my) (aur) apinian death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did	d nat) view the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
//xxxxx/	D. Attending Med. Stoll Phys. Director Phys. D //-/7-6 5
23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS M.D.
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETER	Y of CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 11-22-65 My Aubur	N Cem. Bultimore Ind.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 22 1965 Robert E. Santey M.	George S. Kelson 1348 N. Calhon St.

25C. FUNERAL DIRECTOR ADDRESS Kelson 1348 N. Calhor George . H.





Divorced Nov. 20, 1905

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Alexander werrow

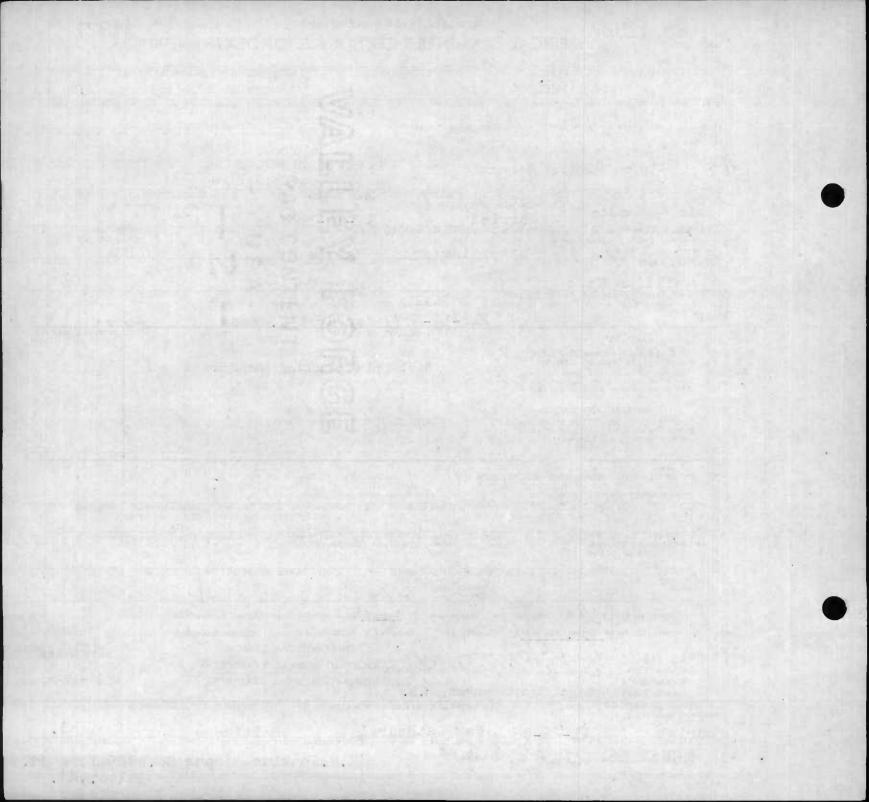
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	BALTIMORE CITY	HEALTH DEPARTMENT		
BRTH NO. 65 11926	CERTIFICA	TE OF DEATH	Registered Na.	
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) ALVIN C. WILS		2. DATE AN	D HOUR OF DEATH	65 1112.35 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		nstitution: residence before admission)
FULL NAME OF (If not in hospital or institution,	nive street	MARYLAND	A.A.	
HOSPITAL OR oddress or location)	give sileer	C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
THE JOHNS HOPKINS	HOSPITAL	ANNAPOLIS		52-10
3			rurol, give location)	9·*** T
5. SEX 6. RACE 7. MARRIED.	NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	D, DIVORCED (specify)	11-11-90	lost bighday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND O			gn country)	12. CITIZEN OF
done during most of working life, even if retired) Engineer-Retired Sheppa	rd T Powell.	k Marylan	đ	U.S.A.
13. FATHER'S NAME	ASSOC.	14. MOTHERS MAIDEN NA		0,0,11,
THE TITE CAN		EANINY CA	OTT	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	FANNY GO		ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of service)	SECURITY NO.	A Charles 11	47 man Too	840 N. LakeShore
Yes WW I	CAUSE 0		lison, Jr.	Drive, Chicago, I.
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) An	mornin of Ca	uclear	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUETO	· · · · · · · · · · · · · · · · · · ·	ome	7
injury or complication which caused death.)	61	monis of Ca		
ANTECEDENT CAUSES	DUE TO	January angs		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the				
UNDERLYING CONDITION last.	(C)			· · · · · · · · · · · · · · · · · · ·
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IE			
198. CONDITION FOR WAS PERFORMED	which operation	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 1218	PLACE OF INJURY (e.g., ine, form, foctory, street, of	fice bldg., INJURY OCCUR?	(II in Baltimo	re City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY (APPROX.)	nile At Not While	e 🔲		
22. I certify that (1) (this hospital) attended to		11/12	19 to //	119 65
that (1) (we) last saw the deceased alive an				inian death accurred an the date
and have and from the causes stated above. (1) (We) (dld) (dld nat) v	iew the bady after death.		
23A. SIGNATURE	M.D. Atte	ending Med.	Stoff Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) W. SMITHWICK	M.D.	JOHNS HOPKI	NS HOSPIT	TAL
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY of CR	MATORY 24D. L	OCATION (C	City, town, or county) (State)
Burial 11/20/1965 S	+ Tomos Emi	Thursh Ilms		
	t. James Epi:	25C. FUNERAL DIRECTOR	cey's Lan	ding, A.A.Co., Md
	alle M.O.	H.W.Jenkins	& Sons Co	. 4905 York Road
The state of the s	CASTION		Baltin	more 12. Md.



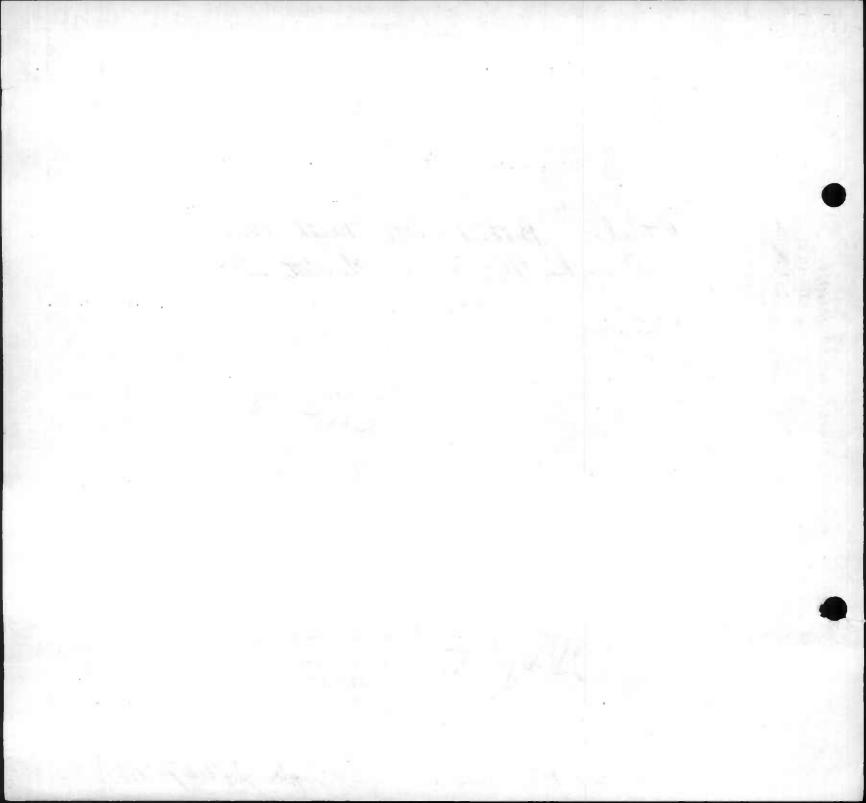
1	65 11927 BALTIMORE CITY HEA	LTH DEPARTMENT 65 11927
	BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M- 9-90	M.E. CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD
	JOHN WESS	November 19, 1965 6:20 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	INSTITUTION ADDRESS OF ECCHION	Baltimore 9-02
4	Union Memorial Hospital	D. STREET ADDRESS (If rurol, give locotion)
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1502 Medford Rd. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
	male widowed, DivorceD (specify)	lost birthdoy 75 Months, Doys, Hours, Min.
	Married 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR	Y11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	Service Mgr. Exterminators	Maryland USA 14. MOTHER'S MAIDEN NAME
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Wess 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	Mary Toner 17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
		Margaret N. Wess Above
the both of	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	red dissecting aneurysm of aorta
	(This does not mean the mode of dying e.g., heart failure, osthenia, etc. II means the disease. injury or complication which caused death.)	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST.	
	O THE DEATH BUT NOT RELATED TO THE	
	F 10 111 10 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110	
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	Yes Yes
	21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) MHILE AT NOT WORK AT W	WHILE WORK
	22. I certify that I held on Inquiry Inspection Au	and that on this bosis, death in my opinion
	resulted from: Notanal couses X Accident Suicid	de Homicide Undetermined manner
	ACTUAL MS 7.	CHIEF MEDICAL EXAMINER DATE SIGNED
A PRINCIPAL OF A SECOND	SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER 11-19-65
	23A. BURIAL CREMATION 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)
The second	Burial 11-22-65 New Cathed	ral Baltimore Md.
	NOV 22 1965 Of Pres & Lander OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	HOADD 1904 (Palet) C' grand'	H.W. Jenkins & Sons Co. 4905 York Rd.
	VS 151-REV. 1/1/65	Balto., Md.



Such

65 11	928 BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO.		TE OF DEATH	Registered No.	65 11998
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	OO IIJEO
(Type or Print)	elson Peterson			11.30/
3. PLACE OF DEATH IN BALTIMORE, MARYL	ALSOIL LA CELSOIL	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission
		A. STATE B. COUNT	4	7 . 7
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or lacotion)		Maryland C. CITY OR TOWN (If outside city fimits, write RURAL and give township)		
INSTITUTION			ide city limits, write l	RURAL and give township)
3045 St.	Paul St.	Baltimore D. STREET ADDRESS (If re		
			urol, give location)	
		3045 St. Pau		
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
M W	Married	Aug. 28, 1886	79	
OA. USUAL OCCUPATION (Give kind of work 108 one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12, CITIZEN OF WHAT COUNTRY?
	& P Telephone	Co Belto	Ma	U.S.A.
3. FATHER'S NAME	a r rerebuone	Co. Balto.,	IF.	0.0.4.
William N. Peterson		Laura V. Fal	.08	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	212-05-1357	Mrs.Annette C	lark Pete	erson (Same)
18. // 2 A		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TIV	11 0 A.	1/ 477-	ONSET AND DEATH
LEADING TO DEATH		mannymy ir	HOBSV Man.	5 40610
(This does not meon the made of dy		a variable of the	Services	The Charles of the Contraction o
heart foilure, osthenia, etc. It means the injury or complication which caused de		0.1137	t// .	3
ANTECEDENT CAUSES	(B) 90	novalyan (LAV)	1100 000	1 40000
	DUE TO		000	1
DISEASES OR CONDITIONS, if any				
UNDERLYING CONDITION Iosi.	(0)			
ll ll				
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING			100
) 10 IHE			
198. CONDITION WAS PERFORE		20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE I	FINDINGS CONSIDERED
E O			III CERIII IIII CA	osts of stati.
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21C. WHERE DID	(If in Boltimore	e City, give exact tocotion)
DEATH (notify medical examiner)	etc.)	since stags, invoki occok:		
O 21D. TIME (Month) (Doy) (Yeor) (H	Hour 21E, INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
OF INJURY	While At Not Whi		K. 0000K.	
(APPROX)	Work Al Work		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
22. I certify that (I) (this heepiral) a	ttended the deceased from	Voyenter 19	95/ 10 //1	7,20 1965
that (1) (we) last saw the deceased a	live on NN 19			nian death accurred on the dat
and have and from the causes stated	//			
23A. SIGN ATURE	dodve. (I) (we) (die) (did har)	view the body offer death.		23B, DATE SIGNED
hillham FIF	OPPLE M.D. AH	ending Med.	Staff	5/2/01/10/
Munary 1. V-	Phy	ys. Director F	Phys.	11/1 10/16
23C. PHYSICIAN'S NAME (Type)	M.D	23D. ADDRESS		,
	Ferguson Pearce	2105 N.Char	cles St.	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR			ity, town, or county) (State)
REMOVAL (Specify)		70, 0.0		D. D.L. G 3/2
Burial 11/24/19	065 Druid Ridge			Balto.Co., Md.
		H.W. Jenkins	& Sons Co	. 4905 York Rd.
NOV 22 1965 P. C. 6 8	2. Farberma		Bal	tol2, Md
V\$ 150-REV. 1/1/65		F 7 + 7		-,-





11920	BALTIMORE CITY	HEALTH DEPARTMEN
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

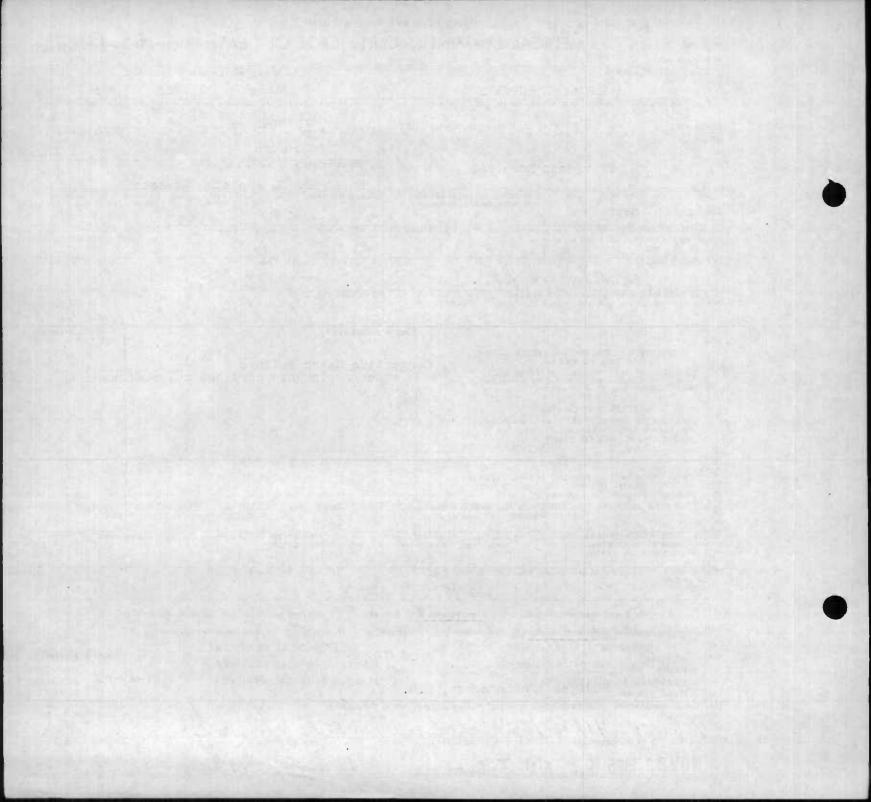
BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD November 18,1965 THEODORE HOPKINS 9:07 P 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give locotion) Provident Hospital 1655 N. Appleton Street If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDO WED, DIVORCED (specify) lost birthday Months, Doys, Hours, Min. male negro 12. CITIZEN OF IOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR WHAT COUNTRY? done during proof of working life, even if retired) 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORM ANT SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Congestive heart failure (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) arteriosclerotic cardiovascular disease ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). NO CERTIFICATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? no 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) OF INJURY m. WHILE AT NOT WHILE (APPROX.) 22. Inspection X Autopsy certify that I held on Inquiry and that on this bosis, death in my opinian resulted from: Natural couses X Spicide Accident Hamicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE 11-19-65 ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Rudiger Breitenecker, M.D. NAME (Type) 23A, BURIAL CREMATION, 23C. NAME of CEMETERY & CREMATORY 23D. LOCATION (Stote (City, town, or county) REMOVAL (Specify)

Jurea

24A, DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR 24B, NAME OF REGISTRAR

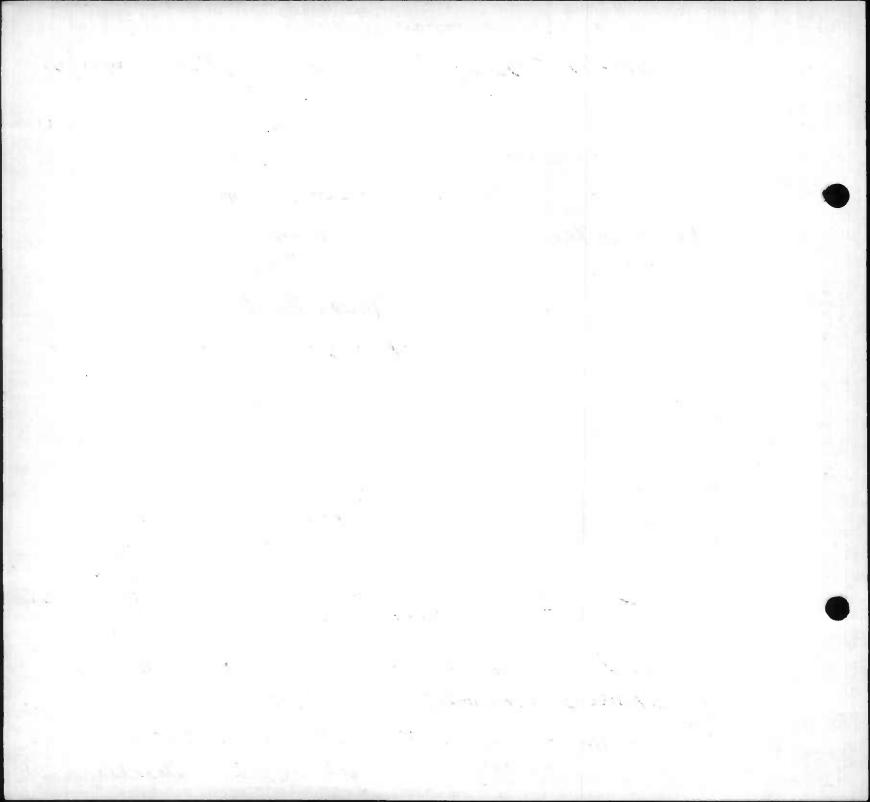
ADDRESS

VS 151-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT	-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was released to the hospital by a medical examiner.	and Seath S
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	assed C
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	- the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Such
written approval must be obtained before the remains are embalmed or final disposition is made.	

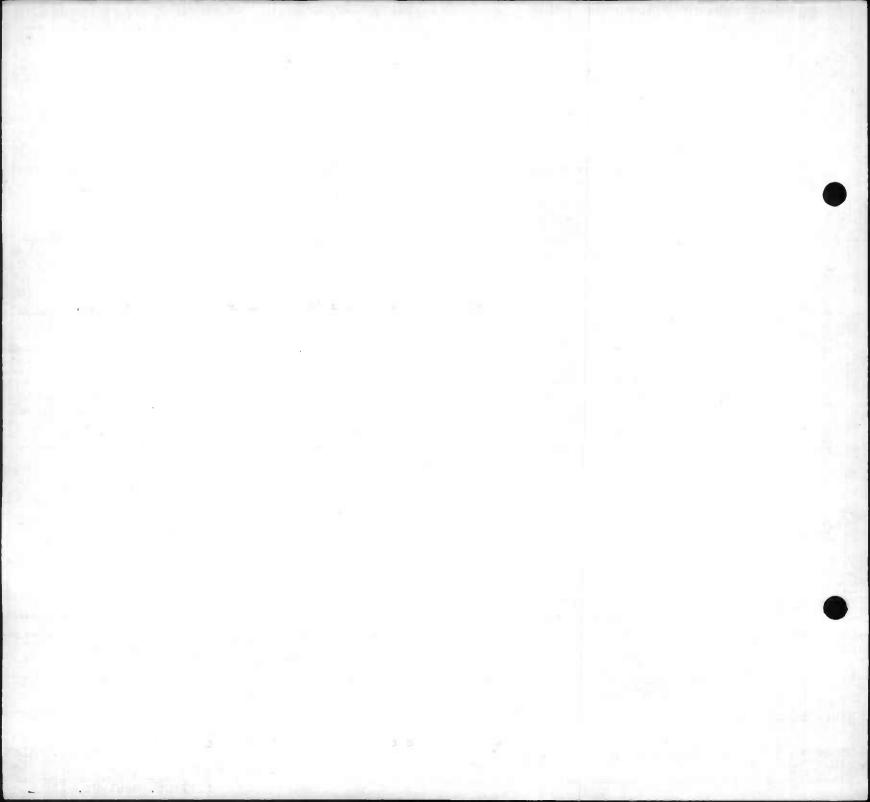
777		BALTIMORE CI	TY HEALTH DEPARTMENT		
BIRTH NO.	5 11931	CERTIFICA	ATE OF DEATH	Registered Na	65 11931
T. NAME OF DECEASED	elia B	modley	2. DATE	AND HOUR OF DEATH	m 11/21/65
3. PLACE OF DEATH IN B	LTIMORE, MARYLA	IND	4. USUAL RESIDENCE (WE	here deceased lived. If	institution: residence before admission
FULL NAME OF (IF	not in hospital at in	stitution, give street	Maryla		
HOSPITAL OR od	liess or location)				e RURAL and pive township)
2			Baltimo	ore 18	19-01
Johns Hon	kins Hospi	tal		. Calvert St	meet
5. SEX 6. RACE	,J-,	AARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
Female Ne	gro	WIDOWED, DIVORCED (specify) Widow9	12-5-1886	lost birthdovi	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION	Give kind of wark 10B.	KIND OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY?
done during most of working life	even if refired)		4/100	1-11-11	WHAT COUNTRY!
13. PATHERS NAME	uge		14. MOTHER'S MAIDEN N	AME	
James I	ewis		Ma:	ry	
15. Was Deceased Ever in U	S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, s	IAE MOI OL GOIES OF	SECURITY NO.	mare Bo.	10.	
18. 1143	(1	CAUSE	OF DEATH	acely	INTERVAL BETWEEN
DISEASE OR CO	NOTION DIRECT	LY //	1SOUD	0	ONSET AND DEATH
	TO DEATH	(A)	12000		morny up.
(This daes nat mean heart failure, asthenia,	elc. It means the	0130030,			
injury ar camplication					
	ENT CAUSES	DUE TO			
DISEASES OR CON					
UNDERLYING COND	TION last.				
OTHER SIGNIFICANT	II	DIBLITING			
TO THE DEATH B	UT NOT RELATED				AND A APRIL
U 19A. DATE OF OPERATE	N 198 CONDITIO	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
3	WAS PERFORA		VES		
OR CONTRIBUTING	JNDERLYING DE CAUSE OF exominer	21B. PLACE OF INJURY (e.g. home, torm, foctory, street, etc.)	, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
21D. TIME (Month)	(Doy) (Yeor) (H	our) 21E. INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
OF INJURY		While At Work At Wo			
22. I cartify that	this hospital) at	tended the deceased fram	11/15/15	19—— ta	11/21 10/2
tha (I) (we) lost say		10 /- 1	19 / F and		plnian death accurred an the c
		abave (I) (We) (did nat	_		pan death accorded an the C
23A, SIGNATUAE	Touses stated	dia nat	THEW THE DODY UTTER GEGT	10	23 B. DATE, SIGNED
hani.	1/5 /N	rate of M.D. A	Attending Med. Director	Stoff Phys.	11/91/1.
23C. PHYSICIAN'S	. 0.,000	Course Col.	23 D. ADDRESS	7 nys. 25	11/61/5
NAME (Type)	ELG K	OBINHOLD MI	. 1/4	H	
24A. BURIAL CREMATION,	24B. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D.	LOCATION	(City, town, or county) (State
RIMOVAL (Specify)	11.23-1	5 Back to	Cometing K	Vannera	. Ce. 11A
25A. DATE REC'D BY HEAL	TH DEPT. 25B	NAME OF REGISTRAR	25C. FUNERAL DIRECT	QR.	ADDRESS
NOV 23 1965		Freedomma	John &	Olis -	Good land 7
VS 150-REV. 1/1/65			1	The state of the s	The state of the s



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0= 1	1000		HEALTH DEPARTMENT	,	
IRTH NO.	65 1.	1932	CERTIFICA	TE OF DEATH	Registered Na.	5 11932
M.E. CASE NO.			CERTITION			
Type or Print)		B/3	nche Ed	- //	ID HOUR OF DEATH	3 10 1 = 1 1 2 1 0
PLACE OF DE	FATH IN BALTHAODE MAD	VIAND	hope 1-4:	4. USUAL RESIDENCE (Whe	m per 19	19056:30 P. M.
. TEACE OF DE	ATT IN BACTIMORE, MAR	LAND		A. STATE B. COUN	TY	istitution; lesidence belote odmission/
FULL NAME		r institution,	give street	mary lang	/	71-11-4
HOSPITAL OR				C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
O 1/1/	IVERSITY	1105	PITAL	poltim ore		
8 4101					rurol, give location)	
				1168 Sarg	east #t.	
- SEX	6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
_	W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o, or	10/12/17	47	
		OB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	gn country)	12. CITIZEN OF
one during most of	(working life, even if retired)		_	Canada		WHAT COUNTRY?
B. FATHERS NA	ME			14. MOTHER'S MAIDEN NA		No of
						,,
	nuel Ly			Catheres	e W11	1/15
. Wos Decease	d Ever in U. S. Armed Force	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			100-14-7978	Aurelia / Mar	tines 1160	Corcent Ct
1.	12 V		CAUSE O	7 22012	tinez 1100	INTERVAL BETWEEN
07	ASE OR CONDITION DIRE	CTLV				ONSET AND DEATH
Disea	LEADING TO DEATH	CILI	772	a explized		7 Rays
	nat mean the made of		DUE TO		2. The	
	, asthenio, etc. It means t mplication which caused		7	ncepran	. /	
	ANTECEDENT CAUSES		(8)	neplates		
DISEASES			OUE TO			
	OR CONDITIONS, if a ne above cause (A)					
UNDERLYIN	G CONDITION last.		1000-0 1000 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 100-0 1			
	1					
	NIFICANT CONDITIONS CO					
	CONDITION CAUSING IT.					
19A. DATE O	F OPERATION 198. COND		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OF CONTRIB	ENT WAS UNDERLYING DEPLYING CAUSE OF	211 hor	B. PLACE OF INJURY (e.g., in me, form, factory, street, of	ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
OEATH (notif	y medical examiner)	etc	.)			
210. TIME	(Month) (Doy) (Year)	(Hour) 216	INJURY OCCURRED	21 F. HOW OID INJ	URY OCCUR?	
(APPROX.)		W	hile At Not While	е		
				711111		Am. 151
	y that (I) (this hospital)		the deceased fram		19 6 4 ta	19 65.
that (I) (we) last saw the deceased	alive an.		19and th	at In(my) (aur) opi	nian death accurred an the date
and hour ar	nd from the causes state	d above. ((I) (We) (dId) (dId not) v	lew the bady after death.		
23A. SIGNAT	URE					23B. DATE SIGNED
1/2	le domita	0.	M.O. Atte	ending Med.	Stoff Phys.	100.19/65
23 C. PHYSICI			and I	23 O. ADDRESS	1117 51 1223	,
NAME	Type)	(1.	MA MA	1111 1 100	1	10/1/
KO	CE IUDO M	SH BE	in pryo	yny och	ty //	2/0/21.
A. BURÍAL CR REMOVAL	(Specify) 24B DATE	24C. N	AME of CEMETERY OF CRE	Z4D. L	OCATION (C	ity, town, or county) (State)
Burial	11/23/6	5 Ce	dar Hill Cemet	erv	ltimore Mary	vland ^ /.
SA. DATE LECH		SB NAME	OF AEGISTRAR	25C. FUNERAL DIRECTOR	10 1	AOORESS E K. D
HUYA	a land fine	15,0	Inter Hill	11) m (100).	- Brooks	lace.
\$ 150-REV. 1/1	/65				1217	St. Paul St. 212
					1	



V\$ 150-REV. 1/1/65

Such

attendance cause

of death

		Y HEALTH DEPARTMENT		
BIRTH NO. 65 1198	33 CERTIFICA	ATE OF DEATH	Registered Na.	5 11933
A.E. CASE NO.		2. DATE ANI	D HOUR OF DEATH	/0
TEDDIE	JACKSON	1	11-20-65	1 5
PLACE OF DEATH IN BALTIMORE, MAR	ILAND	A. STATE B. COUNT	deceased lived. Il insti	tution: residence before odmi
		A. STATE B. COUNT	21215	>
HOSPITAL OR oddress or location)	r institution, give street	C. CITY OR TOWN (II outs	side city timits, write RU	PAL and give township)
INSTITUTION .	: 0	Batton	00	908
CIMIAN MEMU	11/00	D. STREET ADDRESS / (If it	urol, give location)	1-00
a war it has a	p occup	1511-26 th 5	T	
SEX 6. RACE	. MARRIED, NEVER MARRIED		AGE (In years	If Under 1 Yr If Under 2
7 111	WIDOWED, DIVORCED (specify)		ost birthdoy	Months Doys Hours A
DA, USUAL OCCUPATION (Give kind of work)	MIDOMED	00401	16	
one during most of working life even if retired)	UB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of loreig	in contrai	12. CITIZEN OF WHAT COUNTRY?
Housewite		GROTSIG		USA
FATHERS NAME	¢	14. MOTHER'S MAIDEN NAM	1E	
Ellittes Mas	VVITT	TUILIA K	7.DKinic	9
S. Was Deceased Ever in U. S. Armed Force	as? 16. SOCIAL	17. INFORMANT	101111)	ADDRESS
es, no ar unknown) (If yes, give war ar dates	of service) SECURITY NO.	\$ /0 × 46/1/4	coton	7
100		CAUVIC HO	spull,	
18. 420.11	CAUSE	OF DEATH		INTERVAL BETWEE
DISEASE OR CONDITION DIRE	CTLY	6.00 -	00/1/	1 112
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a	(B)		· • • • • • • • • • • • • • • • • • • •	
rise to the above cause (A)				
UNDERLYING CONDITION last.				
_ 11				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.				100
		[20 A	000 10 400 1110	
194. DATE OF OPERATION 198. COND		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	CIDENTIA	is as about 21C WHERE DID	US to Bolton C	
, OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	tir in boltimore C	ity, give exact location)
U) (etc.)			
21D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While Al Not Well			
22. I certify that (I) (this hospital)			965 to 11.	- 20 19 4
	30 11- 10			
that (I) (we) last saw the deceased			tin(my) (aur) apinio	an death accurred an th
and haur and from the causes state	d abave. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	/ .			3B. DATE SIGNED
B. N. X	M.D. A	trending Med. Director	Stoff Phys.	11-20-6
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1
	H. GROSS, M.D	UNION MEMORI	AT HOSPITA	1
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C			town, or county) (S
REMOVAL (Specify)				
Burial 11/23/6			ersonville,	North Carolina
25A. DATE REC'D BY HEALTH DEPT.	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS

Wm. Cook-Brooks Inc. 1217 St. Paul St. 21202

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FUNERAL DIRECTOR: IMPORTANT	Pro p	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, such arrives a proposal and the capacitan was in regular attendance on the deceased prior to death. Such arrives a proposal and the capacitan was in regular attendance on the deceased prior to death.	
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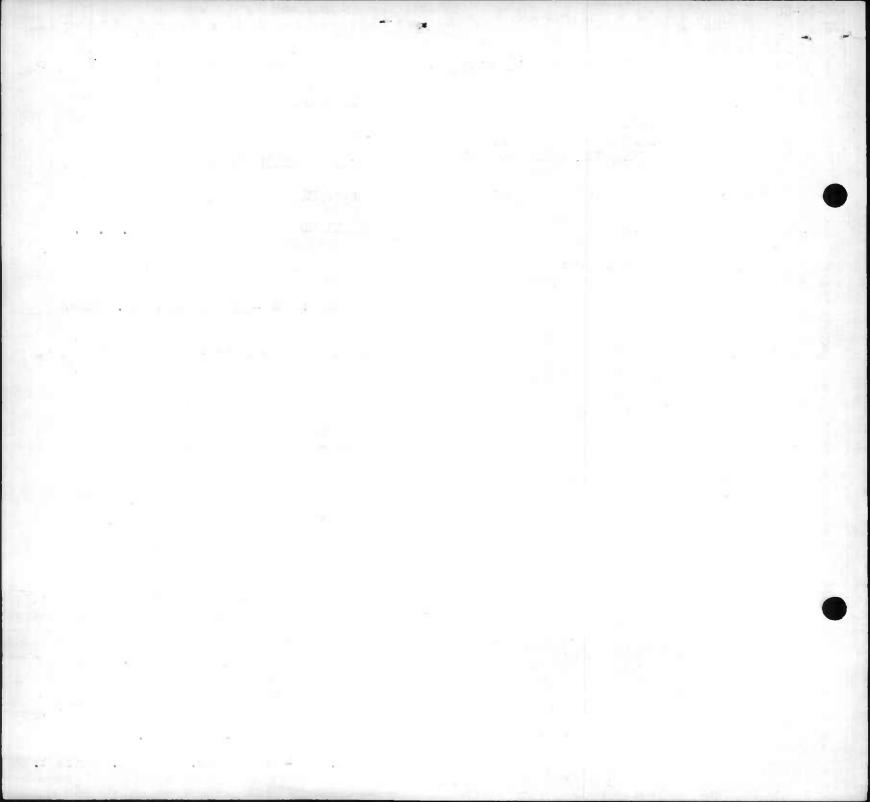
BIRTH NO. 65 1193				
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	65 11934
NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) Clark, HARRY ST	TANLEY	1965	11,20	17.25 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	D	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived, If i	nstitution: residence before odmission)
SHILL MAKE OF THE STATE OF THE		MD		3
FULL NAME OF (If not in haspital or instit HOSPITAL OR oddress or lacation)	tution, give street	C. CITY OR TOWN (If outs	ide city limits, write	RURAL and give township
INSTITUTION	0	Baltino		
The Union Memorial	Hospital		ral, give lacation)	
The which is the feet	(cosp, c	3706 N. CHARL	ZS 57.	
6. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED		. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
MIAVO ININIIO	WIDOWED (specify)	112-28-86	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. K)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
				AMERICAN
Retired 3. FATHERS NAME		Ohio 14. MOTHER'S MAIDEN NAM	E	A. CKICAN
MC NICA CLARK		CORA CA	45E	
5. Was Deceased Ever in U. S. Armed Forces? Tes, no ar unknown) (If yes, give war ar dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Mwa Esta I	Joff 001 1	lake Dr 21217
NO 1B.	438-14-8393ft CAUSE O	Mrs. Esta L. I	HOLL AUL	INTERVAL BETWEEN
4341				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Luca adama		
(This does not mean the made of dying,	e.g., DUE TO	wung ewine	*******************	
hearl failure, asthenia, etc. It means the di- injury or camplication which coused death.	sease,	4	0	
	CI	Lung edema	frent fai	luck
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoling				
	g ine (C)	**************	*	
UNDERLYING CONDITION last.				
II CONTRA				
OTHER SIGNIFICANT CONDITIONS CONTRIDED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTIONS CONTR	FOR WHICH OPERATION D 21B. PLACE OF INJURY (e.g., in	ar about 21C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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RAL DIRECTOR: IMPORTANT	IMPORTANT	26-4 JJ
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNE

18-132	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 630 65 1193	5 CERTIFICA	TE OF DEATH	egistered Na.	35 11935
M.E. CASE NO.		2. DATE AND HO	UR OF DEATH	7 3.2000
(Type or Print) BETTY	BRADY	Nov.	19,196	51 8 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Where deco	eosed lived. If insti	tution; residence before admission)
FULL NAME OF (If not in hospital ar inst	itution give sheet	MARYLAND		2-1-12
HOSPITAL OR address or location)			ity limits, write RU	RAL and give township?
INSTITUTION BALTIMORE CITY HO		BALTIMORE		
4940 EASTERN A VE BALTIMORE, MARYLA		And the same of th	give location)	
		4940 EASTERN AVE		
F W "	ARRIED, NEVER MARRIED (Specify) WIDOWED	10/18/82	inhdoy) /	If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
done during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR		untry)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	MARYLAND		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Joseph Buck		Mary (un	known) Bu	ick
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	NONE	RECORDS: BCH_A9A	O EASTERN	AVE. #21224
18.		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Υ Λ (2 1	1 .	ONSET AND DEATH
LEADING TO DEATH	(A) Chr.	our Pulmonany 1	teibre 513	>6 yrs.
(This does not mean the made of dying heart failure, asthenia, etc. It means the d	lisease,			0
injury or camplication which caused death	1.)	/		
ANTECEDENT CAUSES	DUE TO	100 00 00 00 00 00 00 00 00 00 00 00 00	an de de se sensión de servicios de distribuição de distribuição de distribuição de distribuição de distribuiç	ngas
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) statis				£2
UNDERLYING CONDITION Iosi.	AND			
Z	MALLEMA	· ·		
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B	IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ED	No	CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTING CAUSE OF		in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?	Ilf in Baltimare	City, give exact location)
DEATH (natify medical exominer)	etc.)			
21D. TIME Month) (Doy) (Year) Ho		21 F. HOW DID INJURY	DCCUR?	
(APPROX)	While At Not Wh	ile k		
22. 1 certify that (1) (this hospital) atte	ended the deceased from C	DCT - 5 195	7 to 1/8	OV. 19 19 65.
that (1) (we) lost saw the deceased oli			(aur) aplni	on death accurred an the date
and hour and fram the causes stoted of				
23A. SIGNATURE	111		/ 2	38. DATE SIGNED
Barry Wayer	e Chy M.D. AI	Hending Med. Stoff Phys.	9	Nov. 19, 1965
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
BARRY WAYNE	E UHR M.D	Bractenors	City A	to spitals
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or C		ION (City,	town, or county) (State)
REMOVAL (Specify) Burial 11-22-65	Cedar Hill Co	emetery AA Co	. Marylar	nd.
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
NOV 23 1965 P.O. A &	Farberns	Wm.Cook-Brooks	Inc. 121	17 St. Paul St.
VS 150-REV. 1/1/65				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).

BIRTH NO.			Y HEALTH DEPARTMENT	WE 44000
M.E. CASE N	65	11936 CERTIFICA	TE OF DEATH Regist	tered No. 1133b
I, NAME OF		1.1.000	2. DATE AND HOUR	OF DEATH
(Type or Print)		as Duvall	4. USUAL RESIDENCE (Where deceased	.1965 3:15 P
. PLACE OF	DEATH IN BALTIMORE, A	MARYLAND	4. USUAL RESIDENCE (Where deceased	lived. Il institution: residence before admissi
FULL NAM	NE OF (If not in hospit	tol or institution, give street	Maryland	Balt
HOSPITAL		mon)		mits, write RURAL and give township)
0			D. STREET ADDRESS (If rurol, give	53-00
1185	E. Fayette	Ctuest		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	3428 Sollers Points. DATE OF BIRTH 9. AGE (In	
M	•	WIDOWED, DIVORCED (specify)	6-15-78 lost birthdo	yl Months Doys Hours Min.
		vork 108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country)	
Jone during mo	st of working life, even if retire	Laundry-Retired	Merria	U.S.A.
13. FATHER'S	Guard	Ladidly Recilled	14. MOTHER'S MAIDEN NAME	0.5.A.
Geor	ce Duvall	Forces? 16. SOCIAL	Sally France	ADDRESS
Yes, no or unkr	nown) (If yes, give wor or d	doles of service) SECURITY NO.		
No			Derethea Chivera	1 3428 Sellers Pt
18. 3	34XI	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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heart fail	ure, asthenio, etc. It med	ons the diseose,		
injury or	camplication which caus			
	ANTECEDENT CAUS	SES (8)		
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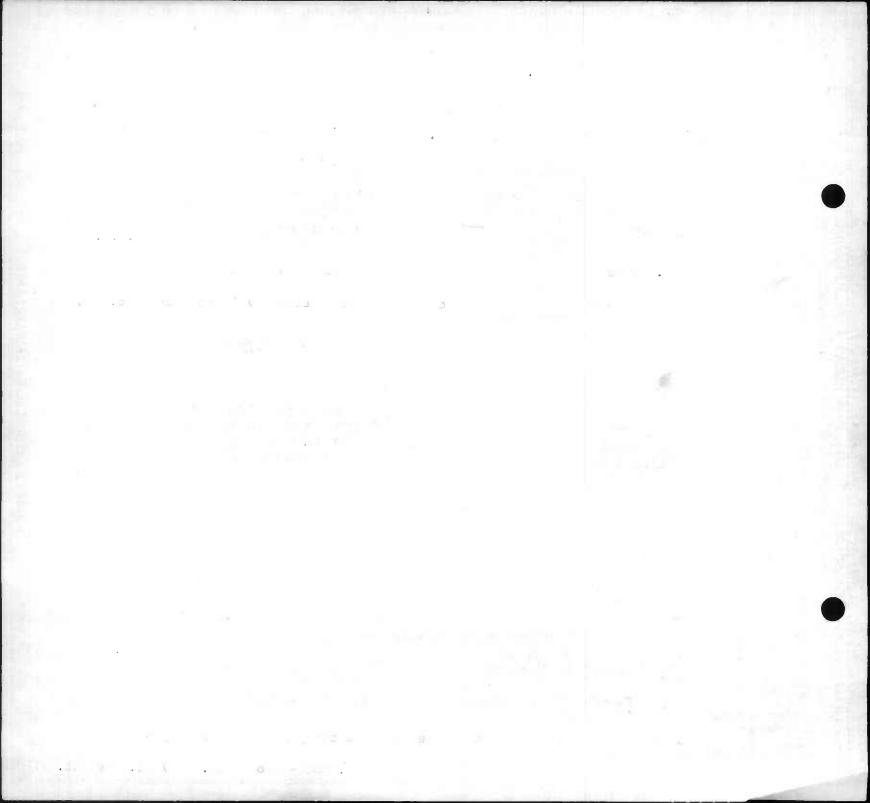
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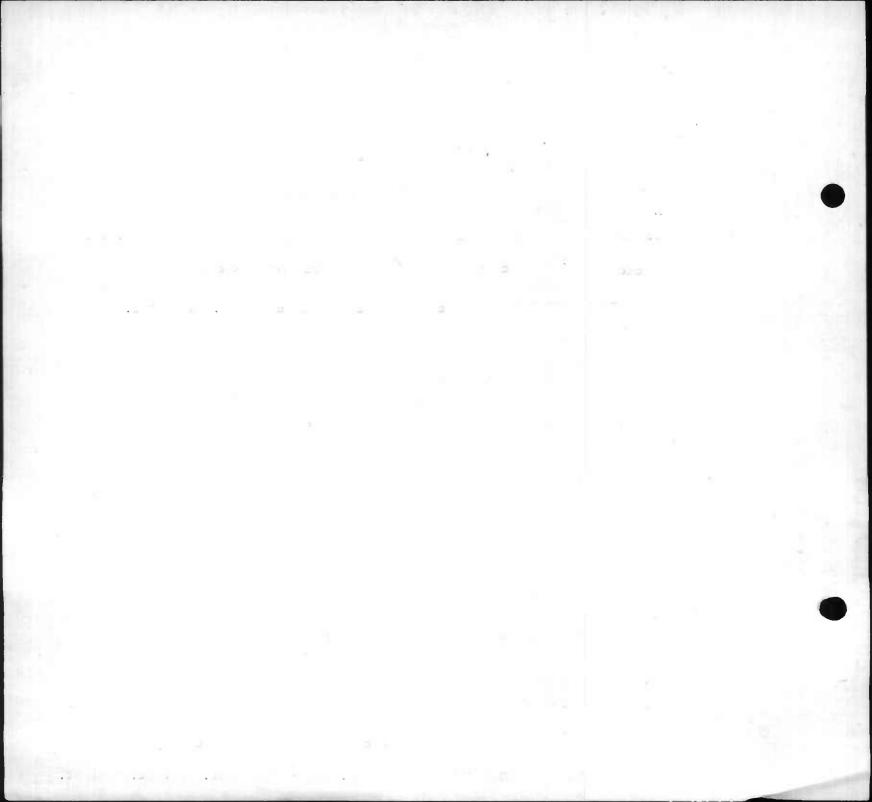
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Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) NOV. 18 3. PLACE OF DEATH IN BALTIMORE, MARYLAND BALTIMORE MARHLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Sinai Hospital of Baltimore, Inc. BALTIMORE D. STREET ADDRESS ERGREEN made. 9. AGE (In years If Under 24 His. Hours : Min. 5. SEX 7. MARRIED, NEVER MARRIED If Under 1 Yr. WIDOWED, DIVORCED (specify) lost birthdoy Hours WHITE WIDDUD 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ispositio NONE WARY CAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Winwright Wm. Davis 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Of yes, give war or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. attendance Martha Herrin 3701 Evergreen Ave. 21206 None CAUSE OF DEATH 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY POTRELYTE INBALLANCE LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, ashenia, etc. II means the disease, injury or complication which caused death.) LDL: UNKNOWN gu ANTECEDENT CAUSES RECTOVAGINGE PISTULA DISEASES OR CONDITIONS, if any, INTESTINAL OBSTRUCTIONS PARTIAL rise to the above cause (A) stating the UNDERLYING CONDITION last, the remains MECHANTILL OR MOS MUBALANCE CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED NONE before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg, INJURY OCCUR? DEATH (notify medical examined MEDI (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While (APPROX.) At Work 22. I certify that (4) (this hospital) attended the deceased from NOV h); that (1) (we) last sow the deceased alive on WOV. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (4) (We) (did) (did nat) view the body ofter death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director approval 23C. PHYSICIAN'S prior 23D. ADDRESS NAME (Type) BANEZ M.D. SINAT deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY Baltimore Maryland 11/22/65 Moreland Memorial Cemetery 25B. MAMEROF HIGHSTRAR 25C. FUNERAL DIRECTOR Wm. Cook-Brook Inc. 1217 St. Paul St. 21202

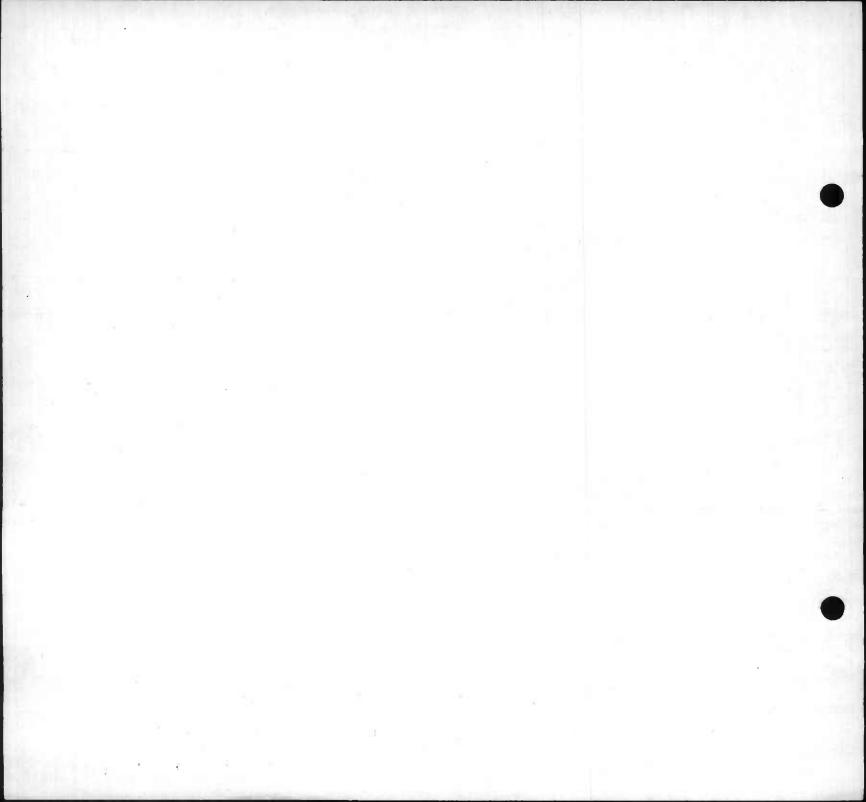


FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death o	or his assistant if death o
the body was released to the hospital by a medical examiner. Also, if the direct or cor	Also, if the direct or con
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeter	e of any kind; (4) Undeter
was D.O.A. at a hospital (except where the physician who pronounced death was in re	nounced death was in re
ased prior to death); and (6) No physician was in	attendance on the decec

					TY HEALTH DEPART	MENT		
	TH NO.	65	11938	CERTIFIC	ATE OF DE	ATH	Registered No.	65 13028
1, N	AME OF DEC	EASED			2.	DATE AND	HOUR OF DEATH	00 11000
(Ту	e or Print	RIF MA	EVERS			11-18-	65 leceased lived. If in:	11:45
.	PLACE OF DEA	RIE ME	MARYLAND		4. USUAL RESIDE	NCE (Where d	eceased lived. If in	stilution: residence before odn
		- "					1	7-15
	HOSPITAL OR	oddress or loca	tal or institution, ption)	give street	C. CITY OR TOWN	V (If outside	e city limits, write F	RURAL ond give township)
	NSTITUTION						, ,	
0	FRANK	LIN SQU	ARE Z	OSPITAL	D. STREET ADDRE	SS (If ruro	l, give location)	
					431 E	- NORTH	AUE 3	RO FL.
	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	7 9.	AGE (In years t birthday)	If Under 1 Yr. If Under 2 Months: Doys Hours
	7	W	Wilde	100050	2/21/18	83	83	
		JPATION (Give kind of www.working lile, even if retire		BUSINESS OR INDUST				12. CITIZEN OF WHAT COUNTRY?
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3.	FATHER'S NAM		Own	nome	14. MOTHER'S MA	-		0.3.A.
		10400	Sheel	er	Em a d	lrick Ka	etane	
15		eter		16. SOCIAL	17. INFORMANT	IT TCK Ka	.s cens	ADDRESS
Ye	s, no or unknown	Ever in U. S. Armed of yes, give war or c	dates of service)	SECURITY NO.	THE SKINIAL			
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		E OR CONDITION			1771/7/17/	101	Was Bo	
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	(APPROX.)		W	ork AI Wo	rk 🔲			
	22. I certify	that (1) (this hospi	ital) attended t	he deceased from	NOV. 13	19	65 10 N	OV. 18 196
	that (1) (we)	last saw the dece	ased alive on	11:45 N	5018 19 65	and that	in (my) (our) api	nion death accurred an th
	and hour and	from the couses :	stated above. (I) (We) (did) (did not) view the bady afte	er death.		
	23A. SIGNATU	RE			,			23B. DATE SIGNED
	11/1	Marke h	. medi	and M.D.	Attending Mer	d. Sto	off ys.	11,11 10
	23C. PHYSICIA	N'S	. , ,		23D. ADDRESS	FI	,	NOV. 18,1
	NAME (T	ype)	W M= 0	M.		11111 1	721125	Veenire
24	A. BURIAL CRE		M. MED	14100			BRUARE	40311142
241	REMOVAL (24 C. N	AME of CEMETERY or	JEN ATOKT	24D. LOC	Allon (Ci	ny, lown, or county)
	Burial	11/22		ıdon Park Cen		Ba1	timore Mar	yland
25	A. DATE REC'D			OF REGISTRAR	25C. FUNERAL	DIRECTOR		ADDRESS
	NUV23		8.8 stan	Leu Mills	Wm. Cook	-Brooks	Inc. 1217	St. Paul St.
15	150-REV. 1/1/				THE WALL	- ;		



	BALTIMORE CIT	Y HEALTH DEPARTMENT		A FWING REST H
M.E. CASE NO. 65 1190	CERTIFICA	TE OF DEATH	Registered No.	74938
1. NAME OF DECEASED (Type or Print)	Baby Girl	11-10	1 1 0 0	1700 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If instituti	on: residence befiltre admission)
FULL NAME OF (If not in hospitol or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN (If outsi	de city limits, write RURAL	ond give township)
3 3			rol, give location)	er
Johns Hopkins	HOSPITAL RIED, NEVEL MARRIED	Box 333	Rod.	
Negro NEU	OWED, DIVORCED (specify) JER MARRIEC	11-19-65	AGE (In years If I st birthdoy) Mor	Jnder 1 Yr. If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Gife kind of work) 10B. KIN done during most of working lite, even if retired) 13. FATHER'S NAME	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	n country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
		Glossie	11)6.	40)
	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(Yes, no or anknown) (If yes, give war or dates of serv	SECONITI NO.			
18. 742.31	CAUSE	DF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				UNSEI AND DEATH
LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO	sportyxxx a	moxia	10 menus
heart failure, asthenia, etc. It means the disc injury ar complication which caused death.)		:	7.07	261
injury ar complication which caused death.) ANTECEDENT CAUSES	(B)	* TO SOUTH OF THE SOUTH	aprica	39 minutes
DISEASES OR CONDITIONS, if any, gi		inn me t	+	52. 6
rise to the obave cause (A) sloting UNDERLYING CONDITION lost,	the (C)	Dronaca	ray	O'L minutes
UNDERLYING CONDITION 10st. II OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
BISEASE ON CONDITION CADSING II.	FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)]	208. IF YES, WERE FINDI	NGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	-	YES	IN CERTIFYING CAUSES	OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City	, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
22 L certify that (1) (this hospital) attend	While At Work At Work			
	ed the deceased fram	19 november 19	65 10 197	Townber 19 6.
that (1) (we) last sow the deceased alive	on 19 Novem	ler 19 65 and that	t in (my) (eur) aplnion	death occurred an the date
and haur and fram the causes stated above	re. (I) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	11			DATE SIGNED
/aurence R. VIO		ys. Director P	toff hys.	9 November 1965
23C.PAYSICIAN'S		23D. ADDRESS		111
0.	ONOHUE M.D.	6011	ا حلق	ALTIMORE IVE
	C. NAME of CEMETERY OF CE	ZEMATORY 24D. LO		wn, or county) (Stote)
CREMATION 11-20-65T	ME OF REGISTRAR			
CREMATION 11-20-65 T 25A. DATE REC'D BY HEALTH DEPT. 25B. NA NOV 23 1965 R. C. S. E.	Franciska	25C. FUNERAL DIRECTOR	LTIMORE, MD	ADDRESS •
VS 150-95V 1/1/65	dana)	50.3	· · · · · · · · · · · · · · · · · · ·	



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 11940 CERTIFICATE OF DEATH BIRTH NO. of death rect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO MCTHENY JOHN MARTIN death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY ance MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend INSTITUTION BALTIMORE ST. AGNES HOSPITAL prior D. STREET ADDRESS (If rural, give location) 21229 BALTTMORE, MARYLAND 4505 CEDAR GARDEN ROAD regular 9. AGE (IIII 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. deceased Hours 9-23-30 MALE IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) WEST VIRGINIA US IND ENGR O RR BE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the OLA SAMPLES JOHN W MCTHENY uo 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL MARGARET McTHENY XX 4505 CEDAR GAR. (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. final KOREA attendance YES HOSPITAL RECORDS AGNES ROAD CAUSE OF DEATH INTERVAL BETWEEN 0 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH

(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION CERTIFI WAS PERFORMED NO Jeundi Le 218. PLACE OF INJURY (e.g., in at about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined MEDIC 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that X) (this hospital) attended the deceased from 19 65 and that in (MyX (aur) apinlan death accurred on the date that (A) (we) last saw the deceased alive an and haur and from the courses stated above. (We) (did) (We) view the body after death. 23A. SIGN AT URE 23 B. DATE SIGNED Attending [Med. Stoff 11-21-65 M.D. Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS AGNES HOSPITAL ST. EWALDO WEISS 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) GASSAWAY, WEST VIRGINIA 11/24/65 SUGAR CREEK CEMETERY BURIAL 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR HOWARD H. HUBBARD 4107 WILKENS AVE. 21229

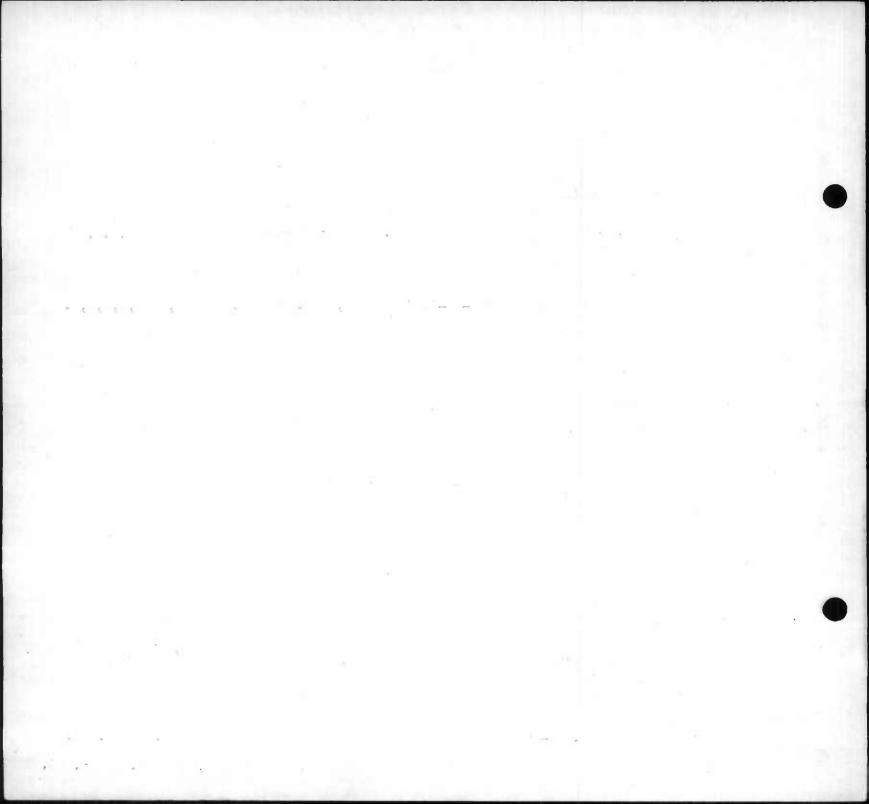
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and

	65 11941	BALTIMORE CITY	HEALTH DEPARTMENT	7	- 440			
	TH NO.	CERTIFICA	TE OF DEATH	Registered Na	5 11941			
1. ft (Ty	E CASE NO. IAME OF DECEASED JACOB, LOUISE OF Printly TOCOD, LOUISE	EL (ZABETH	2. DATE AND	em len 18	3 18:20 Pm.			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	Υ	N = 1100			
	FULL NAME OF (If not in hospital or institution) HOSPITAL OR address or location)	tian, give street	Dalto 1	Ad MARY	0 0			
NP	UNIVERSITY HOSPIT	AL, BALTIMORE	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
	University Hospital, Balt		D. STREET ADDRESS (If rurol, give locotion) 2502, BANGER STREET#30					
5.	7 WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH3 -9-92	AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.			
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
	OUSEW@FE-	-	Virginia	VIRGINIA	USA. U.S.A.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E				
	- EDWARD WINST	ED	UNKNOWN					
15. (Ye	Wos Decoasod Ever in U. S. Armed Forces? s,no ar unknown) (If yes, give war or dates of sarv	ico) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 29			
	NO	NONE -	MR. LEONARD G. SI	MITH 1223 H	AVERHILL ROOD #XX			
	18.330X1	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH			
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	(This does not mean the made of dying, e.g., DUE TO							
	heart lailure, osthenia, etc. It means the disc injury or complication which caused death.)	adse,	- V	0.0000000	1-12 7			
	ANTECEDENT CAUSES	(8) DUE TO	pontensive	oncopha	rapany !			
		ving						
	rise Ia The abave cause (A) stoling UNDERLYING CONDITION Iast.	ine (C)						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO	JTING THE						
CAT	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES WERE E	INDINGS CONSIDERED			
ERTIFIC	WAS PERFORMED		1/0	IN CERTIFYING CAU	NDINGS CONSIDERED ISES OF DEATH?			
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	21B. PLACE OF INJURY (a.g., i homa, form, foctory, street, a etc.)	n or obout 21 C. WHERE DID	Ilf in Boltimore	City, give exact lacotion)			
MEDIC	21D. TIME (Manth) (Doy) (Yaar) (Hour)							
2	(APPROX)	le						
	22. I certify that (D(this hospital) attended the deceased fram NOV 18 1965.ta NOV 18 1965.							
	that AP (we) last saw the deceased alive	4/ 1 10	19 65 and tha	tin(far) (aur) apin	ian death accurred an the date			
	and haur and fram the causes stated abay			75				
	23A, SIGNATURE	1			23B, DATE SIGNED			
	Jo. (2mm 190	mson M.D. Att	ending Med. S	Stoff Phys.	Nov 18, 1965			
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS					
	_ &. Ann Mobuns	M.D.						
24/	BURIAL CREMATION. 248. DATE 11-22 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	y, town, or county) [State]			
	UR IAL XXXXXXXXXXX	TOUDON PARK C	EMETERY BAI	LTIMORE, MAR	RYLAND			
25/	A COLUMN A C	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
1	NOV 23 1965 (P. O. 67 2.	TO BUMPUN	HUBBARD FUNERAL	L HOME 4107	WILKENS AVE. 21229			
VS	150-REV. 1/1/65							

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BALTIMORE CITY HEALTH DEPARTMENT									
M.E. CASE NO.				ATE OF DEATH Registered No. 11912					
(Tunn or Bright)				2. DATE AND HOUR OF DEATH					
	ME	ENER, 9e	orge	t.	U. Maria		165 6	1111	
3. P	PLACE OF DEAT	H IN BALTIMORE MA	RYLAND		A. STATE	B. COUN		If institution: re	esidence before admis
	FULL NAME OF			give street	Ma	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	HOSPITAL OR	oddress or locotio				TOWN (If out	side city limits, wr	ite RURA'L one	give township)
900	5 T	HE JOHNS H	HOPKINS	S HOSPITAL			MARYLA		
-	5				D. STREET A				004
5. S	· ev	5. RACE	7 AAA BBIED	NEVER MARRIED		923 S. LINWOOD AVE 21224 B. DATE OF BIRTH 19. AGE (In years If Under 1 Ye. If Under 24			
	Male	White	MARR	D. DIVORCED (specify)	8/18/98	3	67		Doys Hours M
		PATION (Give kind of worl orking lile, even if retired)	k 108, KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLA	CE (State or forei	gn country)	12. CITI WH	ZEN OF AT COUNTRY?
		ed, Driller	Bethle	hem Steel Co	. West	Virgini	a	U	S.A.
13. F	FATHER'S NAM	E				MAIDEN NAM			
	CHARL	ES KEENER			BUDDER	, MAR	Y ANNA		
15. V		Ever in U. S. Armed For (If yes, give wor or dote	rces?	1 6. SOCIAL	17. INFORMAL				ADDRESS
	No	one None		SECURITY NO.	Wife M	ne Anna	M Vaana	. 11 1	a b a d
-	1B. 16 -	Notic			OF DEATH	rs. Airis	M. Keener	9 # 49	INTERVAL BETWEEN
		licotion which coused							
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MEDICAL CERTIFIC	DISEASES OF THE PROPERTY OF THE DEDISEASE OF CONTRIBUTED TO THE DEDISEASE OF CONTRIBUTED TO THE DEATH (notify of the property	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II ICANT CONDITIONS (ATH BUT NOT RELICONDITION CAUSING OPERATION 198. CONWAS PER INCOMPTION (Doy) (Year) T WAS UNDERLYING Medical exominer) (Month) (Doy) (Year) Thot (I) (this hospito lost saw the deceose from the couses store the couse store the cou	ony, giving stoting the CONTRIBUTIN ATED TO THIT. NOTION FOR STORMED (Hour) 21E Who was a control of the con	G G WHICH OPERATION LACE OF INJURY (c. ne, form, foctory, street) INJURY OCCURRED hile At Not V At W The deceased from IN (We) (did) (did not M.D.	g., in or obout 21C., office bldg., INJU Vhile ork 21F. Vhile of 19 19 Attending Phys. 23D. ADDRESS D. THE	WHERE DID JRY OCCUR? HOW DID INJ ond the ofter death. Med. Director	OPERIOR OF THE PROPERTY OF THE	RE FINDINGS CAUSES OF more City, given m	DEATH? e exoct locotion) 65 19 th occurred on the 72 2 -65 TAL
MEDICAL CERTIFIC	DISEASES OF THE SECOND TO THE UNDERLYING OTHER SIGNIFT TO THE DESTRUCTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) I cond hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) BURIAL CREMPOVAL (Sp. 1212)	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION loss. II ICANT CONDITIONS (ATH BUT NOT RELIGIONDITION CAUSING OPERATION 198. CON WAS PER IT WAS UNDERLYING CAUSE OF medical examine) (Month) (Doy) (Year) II ICANT CONDITIONS (ATH BUT NOT RELIGIONDITION CAUSING OPERATION 198. CON WAS PER IT WAS UNDERLYING CAUSE OF medical examine) (Month) (Doy) (Year) II ICANT CONDITIONS (ATH BUT NOT RELIGIONDITION CAUSING OPERATION CAUSE OF MEDICAL EXAMINED COURSE STORM TO THE COURSE	ony, giving stoting the CONTRIBUTIN ATED TO THIT. NOTITION FOR STORMED 21E Who was a control of the control of	GE ALAY (C) WHICH OPERATION L PLACE OF INJURY (c, ne, form, foctory, street) INJURY OCCURRED Whe deceased from At W At W AND MAME of CEMETERY or Oak Lawn	g., in or obout 21 C., office bldg., INJU While are 19 19 Attending Phys. 23D. ADDRESS D. THE CREMATORY	WHERE DID JRY OCCUR? HOW DID INJ ond the ofter death. Med. Director JOHNS 24D. Letter 1225	20B. IF YES, WE IN CERTIFYING (It in Bolti) (It in Bolti	RE FINDINGS CAUSES OF more City, giv	DEATH? c exoct locotion) 65 19 th occurred on the 75 SIGNED 7 A L or county) (St

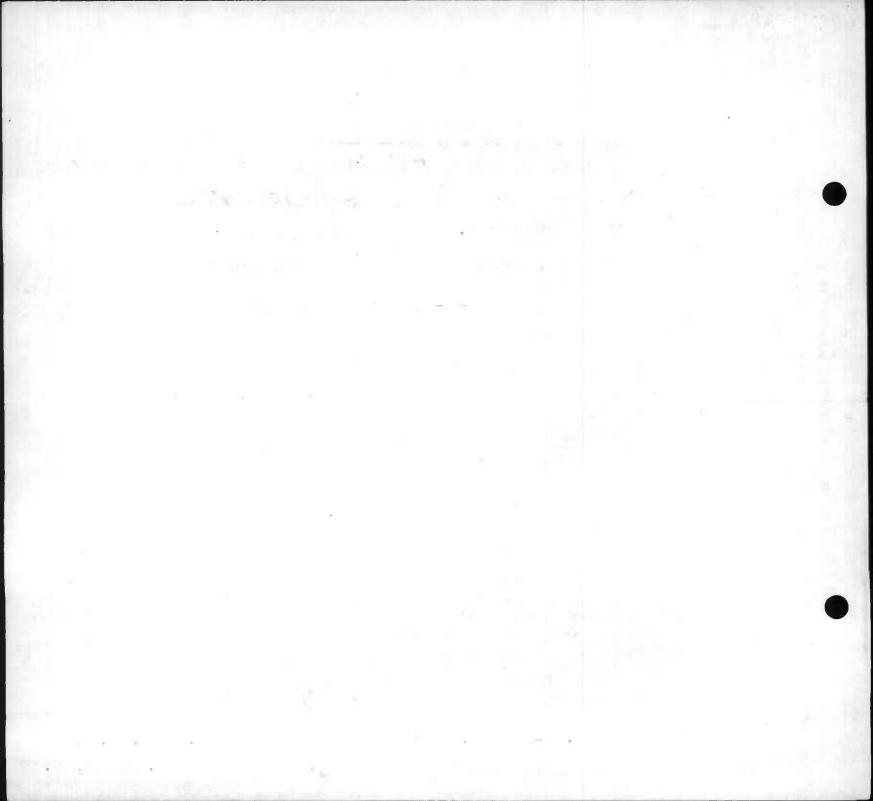


deceased prior to death. Such was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and miner. Also, if the direct or contributing cause of death fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT death deceased prior to death); and (6) No physician was in regular attendance on shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any was D.O.A. at a hospital (except where the physician who pronounced examiner. medical the body was released to the hospital by a

	BALTIMORE CITY	HEALTH DEPARTME	NT				
MRTH NO. M.E. CASE NO. 65 11942	CERTIFICA	TE OF DEA		65 11943			
T. NAME OF DECEASED	num Hai		TE AND HOUR OF DEATH	r 114hp			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	AHHA Hell		E (Where deceased lived, If in	stitution: residence before admission)			
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location)	ion, give street	A. STATE B.	(If outside city limits, write	RURAL and give township)			
INSTITUTION BALTIMOR	E CITY HO	PBALT	MORE				
HOYOEAN	MURE, MD	Hay UO	EAST E	en ArE			
5. SEX 6. RACE 7. MARE WIDO	NED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
102. USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	813-72.	12. CITIZEN OF			
done during most of working life, even if retired) Cleaning Lady Rubbero	id Co.	MARN	1- 1 N:X	WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDI	IN NAME	0 0/4			
Charles W. Har	tman	Margare	et Blaghlign				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS A) E			
No No	214-20-4600	DECORDS	-BCH-49	40 EASTERN			
18. 4221/1	CAUSE	P DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Septic	laggid	48 hours			
(This does not mean the made at dying,		SURING	ZYIUZ				
heart tailure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ose,	allanti	(D) 1 +	8 days			
ANTECEDENT CAUSES	(B)	Manue	n Ce for	o mays			
DISEASES OR CONDITIONS, if ony, givise to the above couse (A) stating UNDERLYING CONDITION lost.		ASC	VD	yens			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE						
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Ye	S OF NO. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or about 21C. WHERE ffice bldg., INJURY OC	DID (If in Baltimer	e City, give exact locotion)			
21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED		ID INJURY OCCUR?	4			
(APPROX)	While At Not Whi						
22. 1 certify that (f) (this hospital) attended the deceased from 6-13 19 69 to 11-20 19 65							
that M (we) last sow the deceased alive an 11-20 19 65 and that In(my) (we) opinion death occurred on the do							
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
23A, SIGNATURE	101/11 11	andian - Adad	- 54-8	23B, DATE SIGNED			
Zamme 11	Ph. M.D. Att		Stoff Phy s.	11-20-W			
23C.PHYSICIAN'S NAME (Type) LAURICE MCAFEE	M.D.	23D. ADDRESS	-494082	stern One			
	C. NAME of CEMETERY of CR	EMATORY	24D. LOCATION	ity, town, or county) (State)			
Durial Nov - 24-196	5 St. Paul's		Cardiff Ave. B	alto. Md. 21224			

NOV 23 1965 Polyer & Lander of REGISTRAR NOV 23 1965 Polyer & Lander MA

JOHN J. DUDA 7922 Wise Ave. Dundalk, Md.



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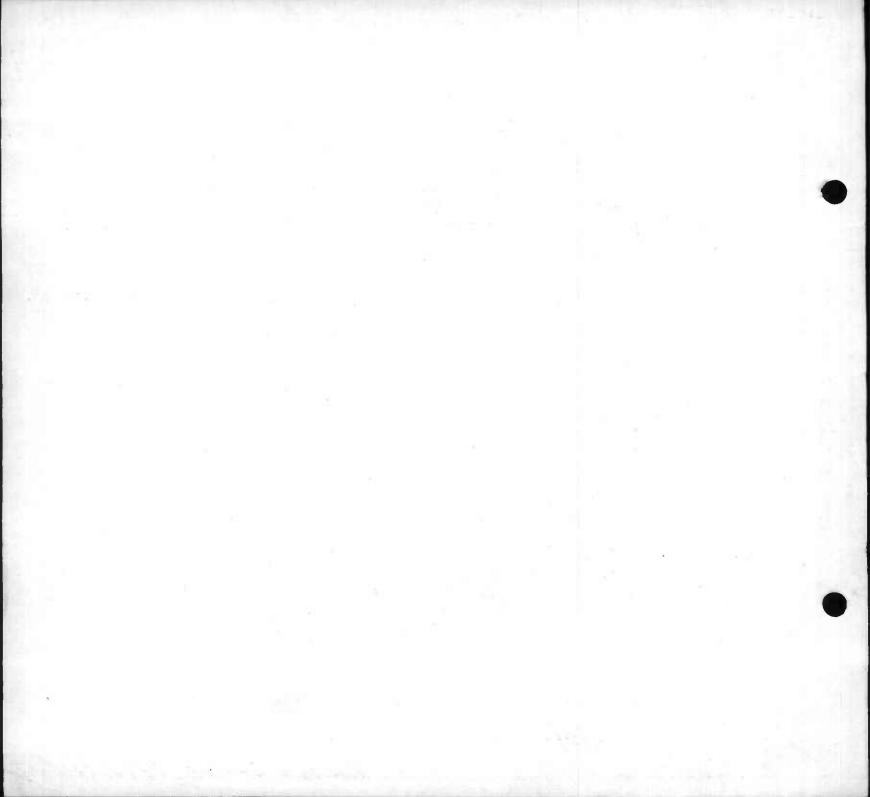
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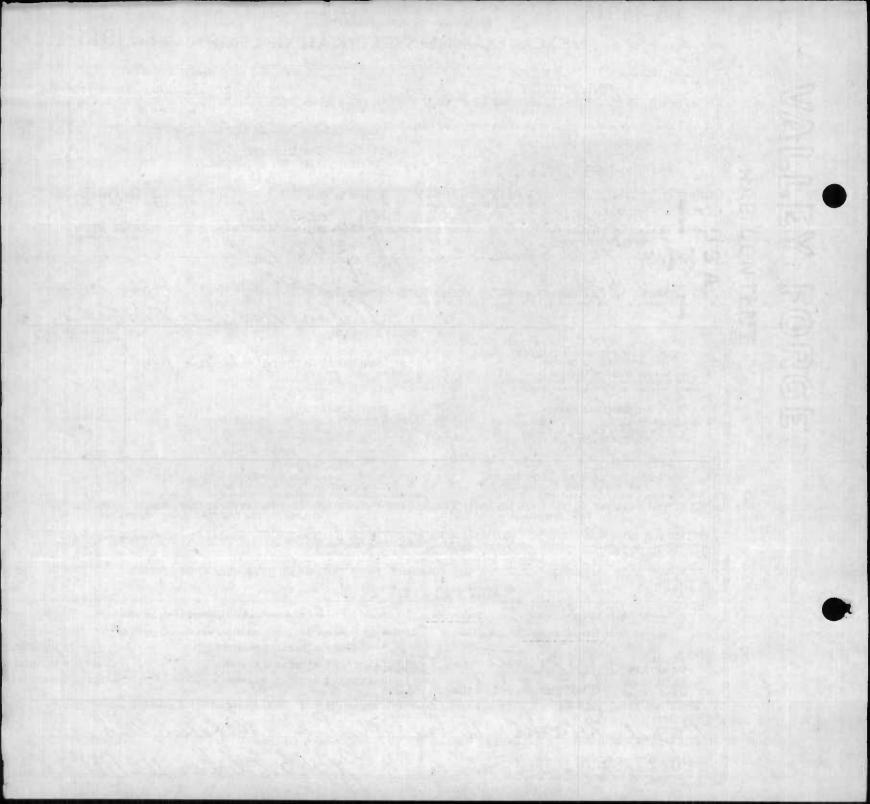
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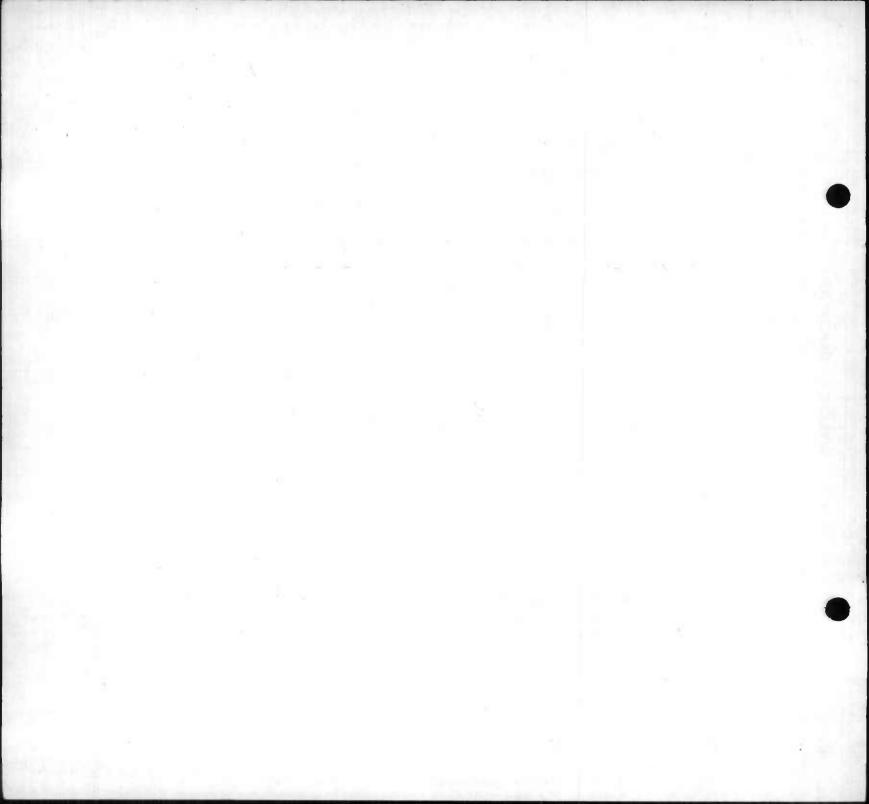
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF BEATH (Type or Print) ROBINSON, Henry 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before COUNTY A. STATE BALTIMORE MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN ((f outside city limits, write RURAL and give township) INSTITUTION CITY HOSPITALS BALTIMORE BALTIMORE EASTERN AVENUE D. STREET ADDRESS (If rutol, give location) 2913 DENNIS LANE 21222 BALTIMORE, MARYLAND 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days Il Under 24 Hrs. Hours Min. 5. SEX 6. RACE Hours WIDOWED, DIVORCED (specify) lost birthdoy) 6/24/04 SEPARATED 6 MALE NEGRO10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) U.S.A. ispositio Menemp VIRGINIA 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME JOHN SUSIAN ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown)[(If yes, give wor or dates of service) SECURITY NO. RECORDS: BCH 4940 Eastern Ave. Balto. Md CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY aimed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) em ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving to the above cause (A) stating the UNDERLYING CONDITION last, the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ú 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIF before 218. PLACE OF INJURY (e.g., in or obout 121C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased fram and that in(my) (our) apinlan deoth occurred an the date that (1) (we) last saw the deceased alive on pe and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady ofter deoth. must 23B, DATE SIGNED 23A-SIGNATURE Attending Phys. M.D. Med. Director approval 23 C. PHYSICIAN'S 23D. ADDRESS WILLIAM 4940 Eastern Baltimore, Md. B Avenue, M.D. 24A. BURIAL CREMATION, 24D, LOCATION REMOVAL (Specify) BY HEALTH BEPT. 7 ADDRESS 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.1.1945				
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD				
VIVIAN BUNDY	November 19, 1965 7:30 A _M				
3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)				
INSTITUTION	Baltimore 3				
1901 Madison legy	D. STREET ADDRESS (If rural, give location) 1910 Madison				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years III Under 1 Yr, If Under 24 Hrs. Inst birthdoy) Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR'	TIN BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Phinashal Pulle Schools	14. MOTHER'S MAIDEN NAME				
Thomas Hall	Aktor Comma Croumen				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no orunknown); (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS ADDRESS				
	Thelma Hall Jones A10 Madeson a				
TB. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arter	in and in matrice and in matrices and in the same				
(This does not mean the mode of dving e.g.,	iosclerotic cardiovascular disease				
heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)					
ANTECENDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
Z (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	in or about 21C. WHERE DID (If in Boltimore City, give exact location)				
21D TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
22.	topsy ond that on this basis, death in my opinian				
resulted from: Notural couses X Accident Suicid					
Til Til	CHIEF MEDICAL EXAMINER DATE SIGNED				
SIGNATURE MELLING TIMED	ASSISTANT MEDICAL EXAMINER 🗵				
EXAMINER'S Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER 11-19-65				
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)				
Burial Novi22/65 artulu	Mem Jack Ustration mil				
NOV 23 1965 Repub & Farance	By At & h. f. 11900 P. P				
LIGHT DO 1909 (INCHEST) C' CLUTTONICH	NULL I III MERCON IXTII, LETEN				
23A, BURIAL CREMATION, P.3B. DATE REMOVAL (Specify) 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR					
C' COTANALA	Will Illerion IXIII, defle				



CE AADAD	BALTIMORE CITY	HEALTH DEPARTMENT	/				
ыктн но. 65 11946	CERTIFICAT	TE OF DEATH	Registered No	55 11946			
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH				
	ALE	111	19/65	10°5 A.M			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WA. STATE B. COL		stitution; residence before admission)			
FULL NAME OF (If not in hospitol or institution, give s HOSPITAL OR 'oddress or locotion) INSTITUTION	stre et	C. CITY OR TOWN	and the state of t	RURAL ond give township			
John Herp Kinn 134170- 21205		D. STREET ADDRESS	Md - 2	1220 10000			
BALTU- 21205		950 BX	NGIES	nn			
MAIF MIFCON	VORCEO Specify	1-72-96	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
IOA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUS		1. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?			
Unemployed Laborer	9 4	Lunaly	Lyka Va.	USA			
3. FATHER'S NAME	1	4 MOTHER'S MAIDEN N	AME				
Willaam Hale		Margaret A	Amos				
S. Was Deceased Ever in U. S. Armed Forces? 16. 1	SOCIAL SECURITY NO.	7. INFORMANT	11 0.	ADDRESS			
no-		Harrel	How kenn	950 Devene M			
DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH	y ==	INTERVAL BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A)						
(This does not mean the mode of dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease,							
ANTECEDENT CAUSES (B) ASHO AND ATRIAL FLUTTER							
ANTECEDENT CAUSES (B) DUE TO DUE TO							
rise to the obove couse (A) sloling the	(c)						
UNDERLYING CONDITION lost,							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CARCINO	MA OF P	ROSTATE				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE		20A. AUTOPSY? (Yes or YES		FINDINGS CONSIDERED USES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING 121B. PLAC	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)			
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examiner)	m, foctory, street, on	ce blog., INJURI OCCUR!	end				
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU	URY OCCURRED	21F. HOW DID II	NJURY OCCUR?				
OF INJURY (APPROX.) While Al	Not While						
22. I certify that (I) (this hospital) attended the de	ceased from	1/3	1965 to 1	1/19 1965			
that (I) (we) last saw the deceased alive an 11/19 19 65 and that in(my) (aur) apinion death accurred on the date							
and haur and from the causes stated above. (We) (did) (did not) view the body after death.							
23A. SIGNATURE A 23B. DATE/SIGNID							
John Streisman	M.D. Atter	Med. Director	Stoff Phys.	11/19/15			
23C. PHYSICIAMS NAME (Type)	/ M.D.	D. ADDRESS	topk ins	HOSPITAL			
44. BURIAL CREMATION, 248. DATE 24C. NAME	ol CEMETERY of CREA			ity, town, or county) (State)			
Burish 11/23/65 mt, C	alraky (Emetery	a.a.C	renty Ml.			
The state of the s	GISTRAR	25C. FUNERAL DIRECT	1.1 %	ADDRESS O G			
NOV 23 1965 PO PO TO	1	Mealer, E	elleken 1	12971 Carkens 1.			
S 180-REV. 1/1/65	segred .		2				



3. P	Yvodata Wa	arren (Yudata)	37	0/2			
	PLACE OF DEATH IN BALTIMORE, MA		November 21, 1 4. USUAL RESIDENCE (Where deceased lived.	.965 7:00 P. If institution: residence before odmis			
			A. STATE B. COUNTY	1-X-1			
h	FULL NAME OF (If not in haspital IDSPITAL OR address ar lacation		Maryland C. CITY OR TOWN (If outside city limits, w	rite RORAL and give township)			
0	Provident Hosp	oital	Baltimore D. STREET ADDRESS (If rurol, give location) 1509 Presser Street				
1	1514 Division						
-	Baltimore, Mar						
	Female Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single / NSANT	10-16-65	If Under 1 Yr. If Under 24 Manths Days Haurs M			
	. USUAL OCCUPATION (Give kind of war e during mast al warking life, even if retired)	110B. KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?			
	None	None	Balto., Maryland	U.S.A.			
1	FATHERS NAME	, , , , , , , , , , , , , , , , , , , ,					
	ARRISON M. W.		Glenda Smith				
5. Yes	Was Deceased Ever in U. S. Armed Fa ,,na ar unknawn) (If yes, give war ar dat	rces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
			Mrs. Ethel Smith 150	19 Presser (
	18.5-71.01	CAUSE	OF DEATH	INTERVAL BETWEEN			
	ANTECEDENT CAUSE: DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.	DUE TO	e gastroenteritis				
ATION	OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT REL	ATED TO THE	20A. AUTOFSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
ERTIFIC		NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,			in ar about 21 C. WHERE DID (If in Battimare City, give exact lacation)				
OR CONTRIBUTING CAUSE OF hame, larm, lactary, street, affice bldg., INJURY OCCUR?							
21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
2	(APPROX.)	While At Nat Whi					
	22. I certify that (i) (this haspital) attended the deceased fram November 20, 19 65 to November 21, 19 65						
	that (I) (we) last saw the deceased alive an November 21, 19.65 and that in (my) (aur) apinian death accurred an the						
Ι.,	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.						
E.	23A. SIGNATURE			23B. DATE SIGNED			
	Virill .	COR M.D. At	rending Med. Staff pirector Phys. 32	November 22,			
	23C. PHYSICIAN'S NAME (Type)						
	NAME (Type)		m de l				
	NAME (Type) Lionel	C. Rose M.D.	1514 Division Street				

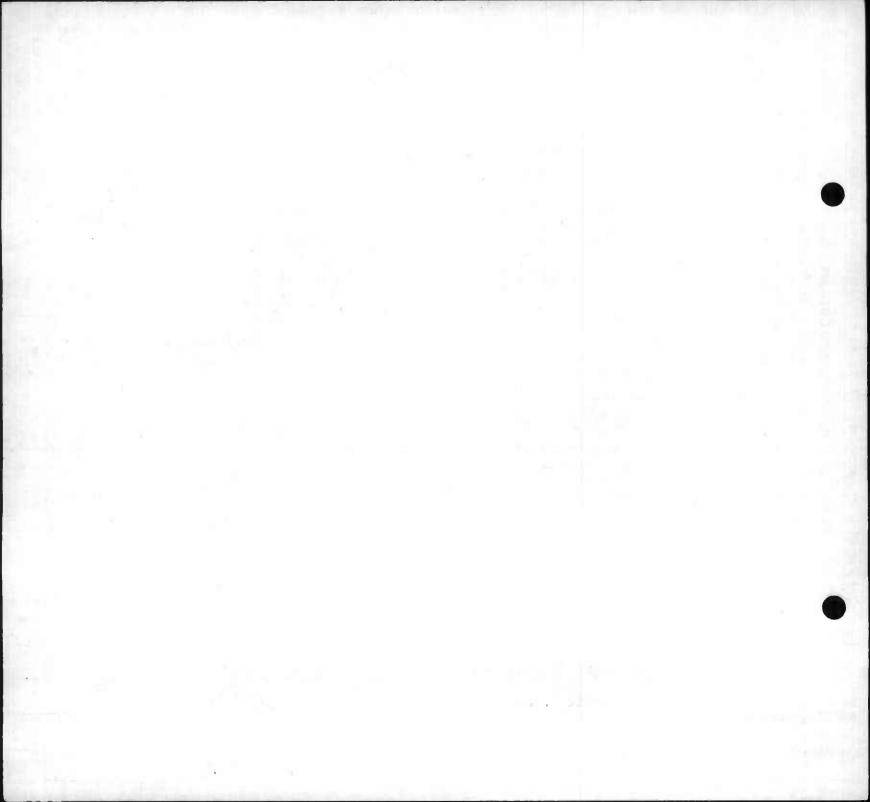
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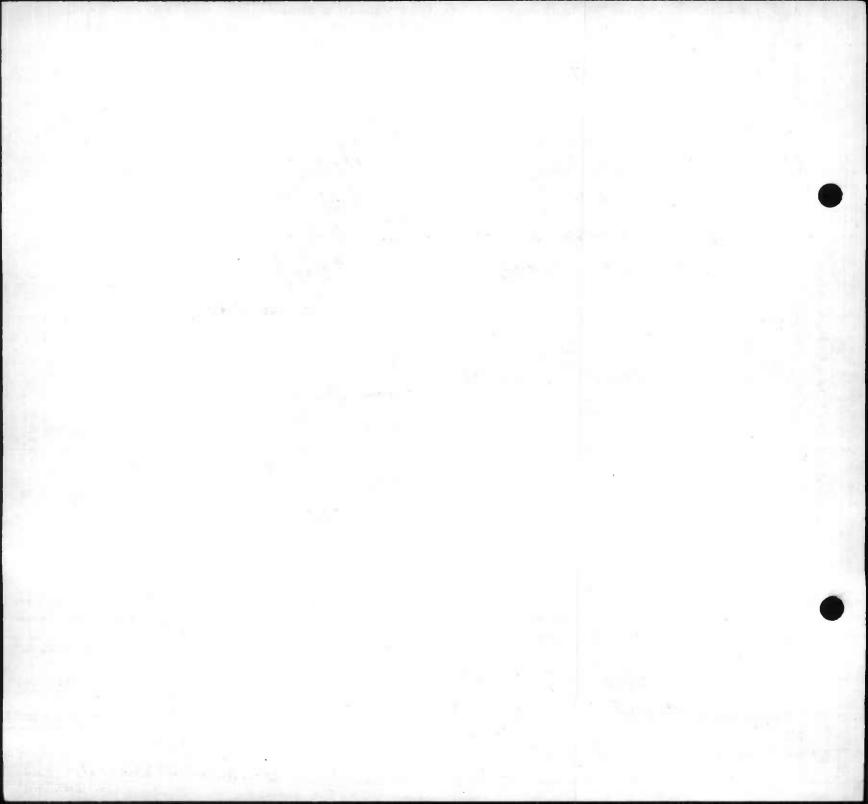
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

65-227280-	BALTIMORE CITY	HEALTH DEPARTMENT					
BIRTH NO. 4 65 11941	CERTIFICA	TE OF DEATH	Registered Na	65 11948			
M.E. CASE NO.		2. DATE AND	HOUR OF DEATH				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	egory charles	11-2	10-65	titution: losidence before odmissi			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	()	A. STATE B. COUNT	decoosed lived. If ins	titution: residence before admissi			
FULL NAME OF (If not in hospital or institu	ition, give stroot	Maryland		14-01			
HOSPITAL OR oddress or locotion)		C. CITY OR JOWN (If outs	ide city limits, write R	URAL and give fownship)			
University Ho	University Hosp.		D. STREET ADDRESS (If turol, give location)				
)		15/29 Park 4100					
			8. DATE OF BIRTH 9. AGE (In yoors If Under 1 Yr. , If Under 24 Hrs.				
Male white win	QWED, DIVERGED (specify)	7/11/65	ost birthdoy)	Months Days Hours Min.			
IDA, USUAL OCCUPATION (Give kind of work 108, KINdone during most of working liter even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
child	Association in the latest and the la	Martilano	d	USA			
13. FATHER'S NAME	6	14. MOTHER'S MAJOEN NAM	E				
Charles Edward	Doering	Anne mai	rie. Vute				
15. Was Deceased Ever in U. S. Armod Forces? (Yos, no or unknown) (If yos, give wor or dates of ser	1 6. SOCIAL VICE) SECURITY NO.	17. INFORMANT	- 1	ADDRESS			
No man	None	Mr. George C. Do	ering (Grand	fother) Linthicums			
18. 7621.01	CAUSE O	/	1	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	DISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dying, o.g., Due to						
heart foilure, asthenia, etc. It means the dis	heart failure astheria etc. Il means the disease						
injury or complication which coused death.) ANTECEDENT CAUSES	(B) QV	loxic brain	damage	2 life			
DISEASES OR CONDITIONS, if ony,	DUE IO		J				
rise to the above couse (A) stoling		******************************	***************************************				
UNDERLYING CONDITION lost.							
OTHER SIGNIFICANT CONDITIONS CONTRIB	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO							
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION		208. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED			
188		XES	no gress	abnormality YCS			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	in Boltimore	City, give exoc√locotion)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
OF INJURY (APPROX.)	While At Work Not Whi						
22. I certify that (1) (this hospital) atten			9 65 to M	MI. 20 19 65			
22. I certify that (1) (this hospital) attended the deceased from 27 N = 12 19 62 to 10 20 19 65 that (1) (we) last saw the deceased alive an 37 M = 20 19 65 and that in (my) (aur) apinion death accurred an the date							
and have and from the causes stated abo			,(), (20., 25	addin addonad an ini a			
23A. SIGNATURE	vos (1) (110) (010) (010 1101)	The budy uner death.		23B. DATE SIGNED			
Carlotta	M.D. Att	onding Mod. Director	Stoff Phys.	NOV 20, 196			
23C. PHYSICIAN'S)	23D. ADDRESS	1175. 92-	-0-0-0-1-18			
NAME (Type) Earlie H. Fr:	ancis M.D.	Unite at	- Mad.	Moon.			
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City	y, lown, or calanty) (Slote			
REMOVAL (Specify)	01. 11.	O. Tool O.	17	100			
BURIAL 11/20/65 25A, DATE REC'D BY HEALTH DEPT. 25B. NO	GLEN Hayen	2SC. FUNERAL DIRECTOR	en KJURN	ADDRESS/			
	Farburn	RYCin	stetan	Glen Burn			
VS 150-REV. 1/1/65		11.1.01	126166	Oren Daran			



	65 1194	() BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH	NO. 00 1134	CERTIFICA	TE OF DEATH	Registered No.	55 11949
	CASE NO.	CLKTITICA			
	ME OF DECEASED			ND HOUR OF DEATH	100
Пуре	or Print) Joha) H HOR	Z	11 -	-20-65	/ - P.
3. PL/	ACE OF DEATH IN BALTIMORE, MARYLAN	ND .			stitution; residence before admis
			A. STATE B. COUN	117	7100
FU	LL NAME OF (If not in hospital or ins	titutian, give street	Incl.		01-0 A
HO	SPITAL OR addiess at lacotion) STITUTION		C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
0	311011011		Rooting	0	
5			D. STREET ADDRESS (III	rural, give location)	
	1 R O1 26		11/1	+- 6	Da
	J. D. Z. A.		1160 Man	worke,	\$6 -
5. SEX		ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Days Hours Mi
7.	11. 2 4 10 17	IDOWED, DIVORGED (specify)	5731/1916	last birthday)	Manths Days Hours Mi
jer		navuea	0//	4/	110 (17)2711 (05)
	JSUAL OCCUPATION (Give kind of work 10B, I during most of working life, even if retired)	et.	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
R	11. 00 /2.	10: 112 100	not		-11-01
17 5	otler maker Et	woon madune	14. MOTHER'S MAIDEN NA	AAE	VEV. A.
130 FA	A LANGE		MOINER'S MAIDEN NA	A.	
	Henry 6. The	12.	and boy	Lever	
15. W.	as Deceased Eyer in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	- 1-1	ADDRESS
(Yes, n	na ar unknawn Hi yes, give war ar dates of s	SECURITY NO.	THE PARTY OF THE P	24	alove
-	no v	2	mas Tholines	Hans	
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"	" 422.1	CAOSE O	DEATH	. 1	ONSET AND DEATH
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	heart failure, asthenia, etc. It means the c njury ar camplication which caused deatt		7'0'	- 16 1	f
		(Irleis	ocherolic Carli	Nasculara	Darael
	ANTECEDENT CAUSES	DUE TO			
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li	ise to the above cause (A) statis				-4
1	UNDERLYING CONDITION last.				
	11				
Z	OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING			
	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
V 10		N FOR WHICH OPERATION	120A. AUTOPSY? (Yes or No	O) 20B. IF YES WEDE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORM	ED	20A. AUTOPSY? (Yes ar No	IN CERTIFYING CA	USES OF DEATH?
E (no		
U 2	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i hame, larm, foctory, street, a	fice bldg. INJERY OCCUPY	(II in Baltimare	B City, give exact lacation)
4 D	DEATH (natify medical examiner)	etc.)			
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3 ()	APPROX.)	While At Wark At Wark			
		1.	11	15 11	7 - 1
2:	I certify that (I) (this haspital) atte	ended the deceased from	11-10-	1965 to 66	-10 - 19
11	hat (I) (we) last saw the deceased ali	ve on 11-20-1	5 19 and th	not in (my) (our) oni	nion death occurred on the
	and hour and from the couses stated of	bove. (I) (We) (did) (did not)	view the body after death.		
23	3A. SIGNATURE	^		/	23 B. DATE SIGNED
	K + 1 /K	M.D. All	ending Med.	Staff D	11-20-65
	June 1. 1200	rovich Phy		Phys.	11-60-63
23	3C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	11-11-10 13	M.D.	So Rot	Ce 41-	.0
	KERMIT P. BON	UVIUN	Jo. Ballo.	Jan. Hos	13.
	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (Sta
	D D D L L	8 1 B	in f	12-1	· 6 0 0
17	Jurial 11/24/65	toudon Vark	Deam. 1880	1 Trederi	CR The
25A.		NAME OF REGISTRAR	SC. FUNERAL DIRECTO	R	ADDRESS
I N	10V23 1965 P.O. F. E.	Farley MA	John 1.6	acomes and sel	Jun Steller
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V\$ 15	50-REV. 1/1/65		0		15,1



VS 150-REV. 1/1/65

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If Under 24 Hrs.

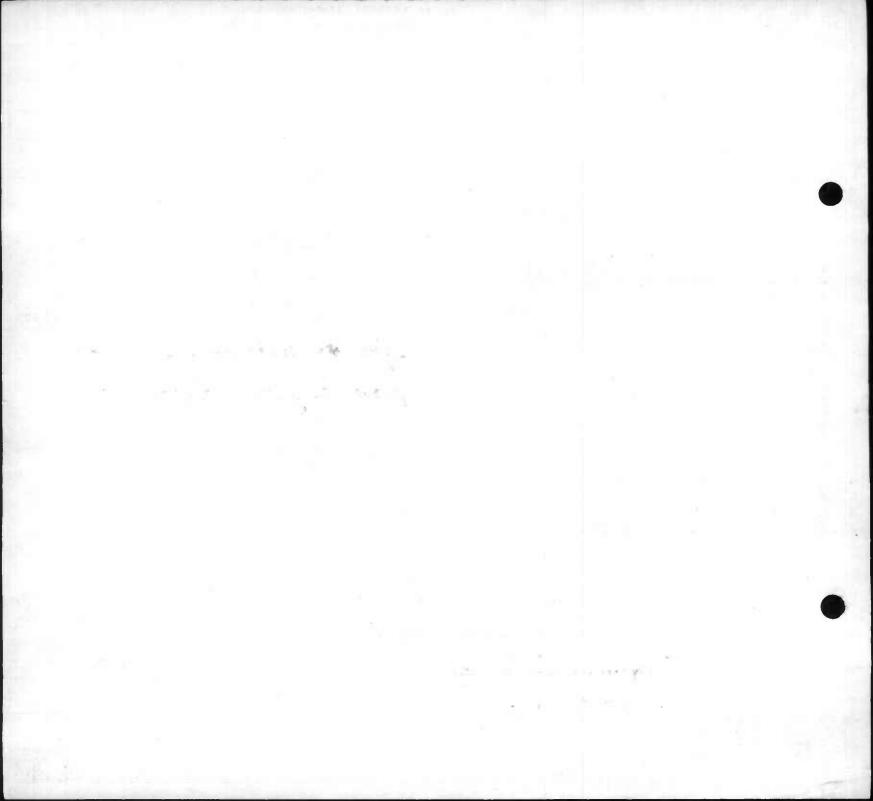
ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

(State)

ADDRESS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

ыкти но. 65 11951		TE OF DEATH	Registered No.	5 11951
M.E. CASE NO. 1. NAME OF DECEASED	CERTIFICA-	CIL OI DEXTIII	HOUR OF DEATH	
		TER 20 1	NOVEMBER	19651 4- P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4, USUAL RESIDENCE (Where A. STATE B, COUNTY	deceased lived. If i	nstitution; residence before admissio
FULL NAME OF (If not in hospital or institu	tion, give street	C. CITY OR TOWN (If outside	BALTIN	ORE
HOSPITAL OR oddress or location!				RURAL and give townshipl
7		D. STREET ADDRESS (If THE		0370
UNIVERSITY HOSPI	100	1 . 5 . 6 . 7 .		0000 # 3
5. SEX 6. RACE 7. MAI	RRIED, NEVER MARRIED		AGE (In years	ROAD
C. I. WID	owed, DIVORCED (specify)	3 Feb. 1885 10	birth doyl	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN			countryl	12. CITIZEN OF
done during most of working life, even if retired)	T	MARYLAN	/D	WHAT COUNTRY?
HOUSEWIFE F	lousewife	14. MOTHER'S MAIDEN NAME		0317
	20	Rose	STON	8
JOHN DORF L 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of ser	6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of ser	vicel SECURITY NO.		2 DAUG	
No	None		UFICE	
18.420,11	CAUSE	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		4.6.55		31000
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	0.9.,			
heart failure, asthenia, etc. it means the dis	eose,			
injury or complication which coused deoth.)	eose,	CUTE MYOCAN	WAL INFA	RETURN 2/08
injury or complication which coused death.) ANTECEDENT CAUSES	(B) A	CUTE MYOCAN,	WALINFA	ACTION 2/08
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injury or complication which coused death.) ANTECEDENT CAUSES	(B) A	CUTE MYOCAN,	NACINFA	xc70x 210A
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248 NAME OF REGISTRAR.

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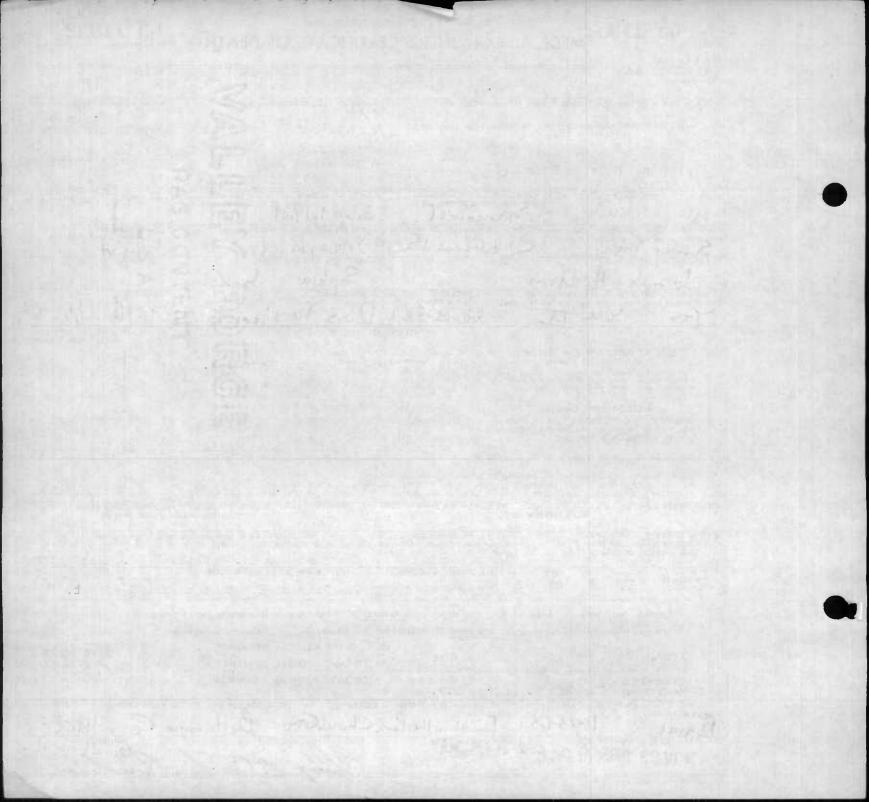
24C. FUNERAL DIRECTOR

ADDRESS

REMOVAL (Specify)

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.



B-20-3

Montg	Tomery Co, Mo	BALTIMO	RE CITY HEAL	TH DEPARTMENT		65 11	1953
BIRTH NO.	DO LIMED	ICAL EXAMI	NER'S C	ERTIFICATE	OF DEATH Regis	tered No	1000
M.E. CASE NO.							
1. NAME OF DEC				2. D	ATE AND HOUR PRONOUN	CED DEAD	
		ST. Robert A.	FAD	IN USUAL BESIDENCE	November 19,	1965	1:30 A M.
or react in one	mong makizano, t	TIERE TROTTO GIVELD DI		A. STATE Maryl	B. C0	DUNTY	idence belote odnijssion
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITUTION, GI	VE STREET	C. CITY OR TOWN	f outside corporate limits, w	rite RURAL o	nd give township)
INSTITUTION				Balti	more	7-1	8
	Sinai Hosp	ital		D. STREET ADDRESS	(If rurol, give location)	1	V
				5018	Denmore Ave.		
5. SEX	6. RACE	7. MARRIED, NEVER M		B. DATE OF BIRTH	9. AGE (In year lost birthdoy)		7 1 Yr. If Under 24 Hrs Doys : Hours , Min.
male	white	Baby		6/5/65		5	
	UPATION (Give kind of working life, even if retired)	k 108. KIND OF BUSINES	S OR INDUSTRY		or foreign country)	12. CITIZ	EN OF
				Maryland			SA
13. FATHER'S NAM	A E			14. MOTHER'S MAIDEN			
William	O Bopst	- concrea		Rosa Rel	onali	1000	
(Yes, no or unknown	If yes, give wer or dot	es of service) SECUI	RITY NO.	17. INFORMANT	0. Bopst-5018	ADDRES	-
No		NC.	one	Mr. William	a of pobat-long	2 Deline	Le-Date 13
18. 4 /	2 Y .		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO TH UNDERLYIN	ANTECENDENT CAUS OR CONDITIONS, IF A LE ABOVE CAUSE (A) S NG CONDITION LAST.	ANY, GIVING	(B) DUE TO				
O THE	II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSIN	LATED TO THE					
19A. DATE OF	OPERATION 198, CO	NOTION FOR WHICH O	PERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE IN CERTIFYING CA Ves		
O UNDERLYING	CAUSE WAS OR CONTRIB-	21B. PLACE OF home, form, for etc.)	FINJURY (e.g., octory, street, o	in or obout 21C, WHERE		give exoct le	ocotion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes	(Hour) 21E. INJUR WHILE AT	Y OCCURRED NOT	WHILE	ID INJURY OCCUR?		GAVE.
22.	aifu ahaa 1 kald an				an Alta Lasta de di t		
	tify that I held on		_		on this bosis, death in		n
resul	ted from: Natural co	Accident	Sylicid			ner	
ACTUAL		notur	10.0	ASSISTANT MEDIC	AL EXAMINER AL EXAMINER		DATE SIGNED
EXAMIN NAME (Type) Rudige	er Breiteneck		ASSOCIATE MEDIC		1-19-65	
23A. BURIAL CRE REMOVAL (Specify		23C. NAME	of CEMPTERY O	r CREMATORY	23D. LOCATION (C)	ly, town, or	county) (State)
Burial	11/22/0	55 St. Al	phoneus	Church Cem.	Woodstock, M	d.	
24A. DATE REC'D		24B, NAME OF REGIST	TRAR	24C. FUNERAL DI	RECTOR		ADDRESS
NOV	23 1965 12	A & Fales	MA	round pa	ers -8728 Libe	rty na.	· UNIDOSTIBLE

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A C U

ar fibl. sec. Mr. William G. Boyst-Still Demoore-Mait ils

258. NAME OF REGISTRAR

MOS

25A. DATE REC'D BY HEALTH DEPT.

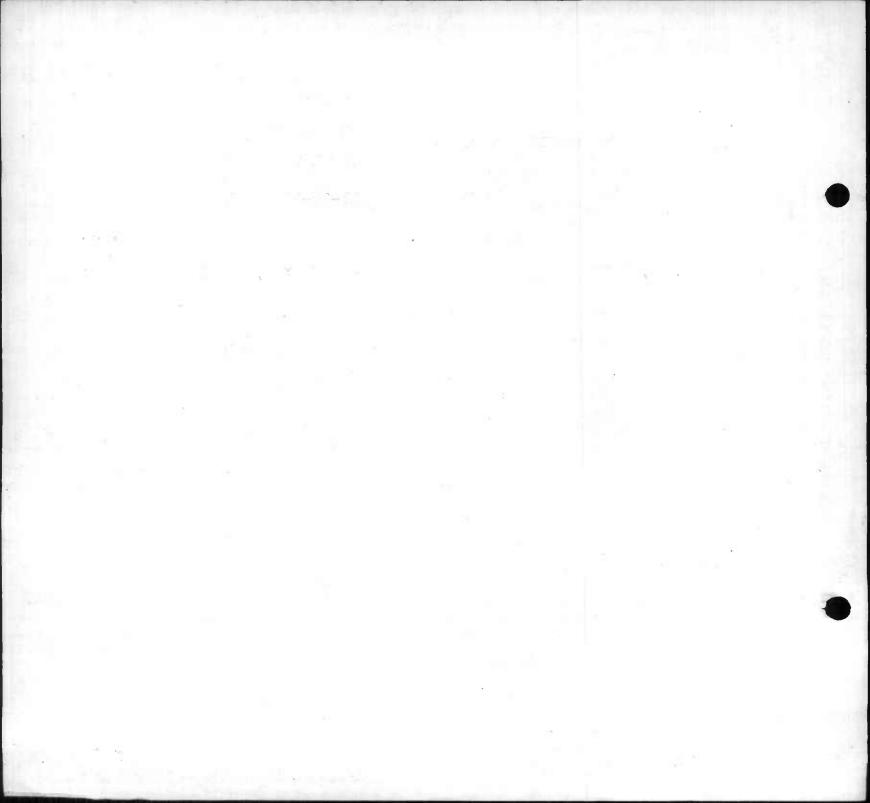
25C. FUNERAL DIRECTOR ADDRESS Halstead 1206 W North Ave Adophus

STATE OF THE STATE OF THE STATE OF Bal marie Baltomore City Hospital 701 K HIBNY ST. 10-14-65 1 mm 1 c -F N N:P1 Maryland. tragni Joseph Hall Jo Ann Hyper natremin Dehydration I Mik Diarrhea 3 min now known

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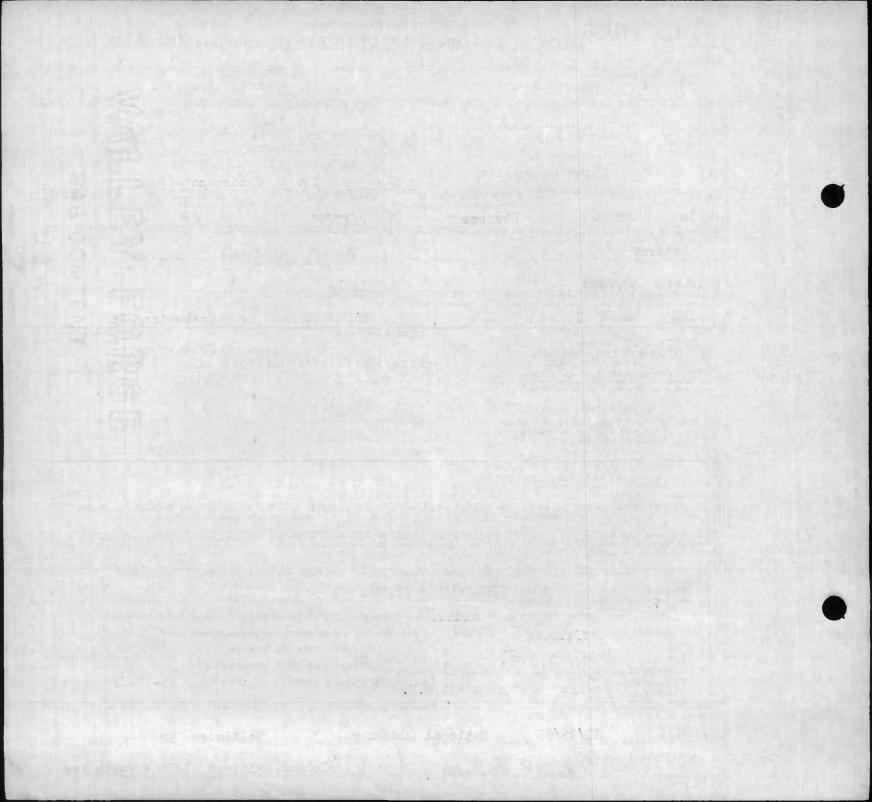
V\$ 150-REV. 1/1/65

			BALTIMORE CIT	Y HEALTH DEPARTMENT	_1	
BIRTH NO.	65	11954	CERTIFICA	TE OF DEATH	Registered No	11954
M.E. CASE NO	ECEASED				AND HOUR OF DEAT	HOC
(Type or Print)	JOHN	MAME	ES		11/21	1651 5-A
3. PLACE OF	DEATH IN BALTIMORE,	MARYLAND			Where deceased lived, the	institution: residence before odmis
FULL NAME	OF Ut not in hour	oitol or institution	ave steet	maryland		Dollar
HOSPITAL O	R address or loc	otion)	, give succi		outside city limits, write	RURAL and give township)
		NETNIC IIC	CDTMAT	MIDDLE RI		5300
3 1111	JOHNS HOP	KINS HO	SPITAL	D. STREET ADDRESS	(If rural, give location)	
F e PM	l/ page	TZ AAA DRIE	D. NEVER MARRIED	BOX 107 A	ROUTE 16	
5. SEX	6. RACE	widow MA	ED, DIVORCED (specify) ARRIED	11-20-15	lost birthdoy) 51	Month's Doys Hours Mir
	CUPATION (Give kind of of working life, even if retir		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ical Work		di Food Co.	Baltimore		U.S.A.
13. FATHER'S N				14. MOTHER'S MAIDEN	NAME	
JAME	S. JOHN			& DUTTITE	S. ORPAH	
15. Was Decea	sed Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT	Ba Ba	ltimore 20 ss
Yes	227000000000000000000000000000000000000	Onies of SELA(CE)		1.5		
1B.	-2 7 /I		216-01-026/1 CAUSE	OF DEATH	James Box107	INTERVAL BETWEEN
DISI	ASE OR CONDITION	DIRECTLY				ONSET AND DEATH
	LEADING TO DEA	TH	(A)	SAF SA	40CK	2 days
	s not mean the mode re, asthenia, etc. It me			CO C C		
	camplication which cou		2	PALTIM	001/1	4 1
	ANTECEDENT CAU	ISES	DUE TO	PNEUM	0,0,7,7	
	OR CONDITIONS,			CHRONIC	FIADU	SEMA 5 V
	The obave cause ING CONDITION lost.		(C)	<u></u>	F (Y)	2 FIVE SY
	П					/
O THER SIG	ONIFICANT CONDITION					
DISEASE	OR CONDITION CAUSI	NG IT.		TAAA	N. 1. 000	
19A.DATE	OF OPERATION 198.	CONDITION FOR PERFORMED	WHICH OPERATION	Les o	IN CERTIFYING	E FINDINGS CONSIDERED AUSES OF DEATH?
IN THE ACC	DENT WAS UNDERLYIN	IG To	IR PLACE OF INITIBY	in or about 21C. WHERE DI	O (If in Ralsian	ore City, give exact location)
OR CONTR	IBUTING CAUSE OF	h	ome, form, factory, street, tc.)	office bldg., INJURY OCCUP	??	ore only, give exact locoson/
U	tify medical examiner)			015	5	
OF INJURY	(Month) (Doy) (Y	1	Vhile At Not Wh		INJURY OCCUR?	
(APPROX.)			Vork At Wor			
22. I cert	ify that (1) (this hos	ital) attended	the deceased from	11/18	19 65 to	11/2/ 19 6
that (I) (v	last saw the deci	eased alive an	11/2	19 6.5 and	that in (my) (por) a	plnian death accurred an the
and have	and fram the causes	stated abave.	(1) (We) (did) (did not)	view the bady after dea		
23A. SIGNA			1	, , , , , , , , , , , , , , , , , , , ,		23B. DATE SIGNED
	Dan	Sher	M.D. A	ttending Med. Director	Stoff Phys.	11/21
23C. PHYSI	CIAN'S		- FI	23D. ADDRESS		2142
NAMI	TAN	SH	ENK M.D	5	50 N.	BROADWAY
24A. RIIDIAI C	REMATION, 248. DAT	1240	NAME of CEMETERY of C		BALTO.	(City, town, or county) (Sto
REMOVA	L (Specify)	240.	MANUE OF CENTELEKT OF C	REIVIATORT 241	2. EUCATION	City, fown, of county) (310)
Buri		1-1965	Baltimore Nati	emetery	Baltimore	Md.
25A. DATE REC	V 2 3 1965	O SE THAME	Jane Mil	25C. FUNERAL DIREC	TOR	ADDRESS 3
NU	A 59 1202 ()[State C.	Acres of Mary	Lagrahat	uneral Home	7401 Beless Roved



BALTIMORE	CITY F	IFAI TH	DEPAR	TMENT

BIRTH NO.	11956 MED	ICAL EX	CAMINER'S	CERTIFICATE C	OF DEATH Reg	5red No.1956
M.E. CASE NO.					E AND HOUR PRONOUNC	
(Type or Print)	T ABRAHAM S	SCOVENS			lovember 19, 19	
3. PLACE IN BA	ALTIMORE MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	B. COL	titution: residence before odmissid JNTY
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (IF Balti	autside corporate limits, write	RURAL and give township)
11				D. STREET ADDRESS (I		00-04
0	Lutherar	n Hospit	al		. Catherine St	reet
male	6. RACE	WIDO WED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 2/17/95	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H
	CUPATION (Give kind of worl of working life, even if retired)			RY 11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labo	rer			TOWSON M	IARYLAND	USA
THOMAS					INO.YIL	
5. WAS DECEA	SED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES	wn) (If yes, give wor or dote	s of service)	SECURITY NO.	MRS RUTH BO	ST 209 Cather	ine St
18. 4	2 2 1		CAUS	SE OF DEATH	, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY				
(This doe	LEADING TO DEATH s not meen the mode of	dying, e.g.,	(A) Arte	riosclerotic c	ardiovascular	disease
heart fails	ure, osthenio, etc. It means complication which coused	the disease,	501 10			10 Sept 10 Sep
	ANTECENDENT CAUSE	S				
	S OR CONDITIONS, IF A	NY, GIVING	DUE TO	••••••••		
UNDERL	YING CONDITION LAST,	IA IIIVO TRE	(C)			
OTHER S	• 3	19,00	()		_	
O TO THE	IGNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T	NG.			
	OF OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
UNDERLYIN	NAL CAUSE WAS G□OR CONTRIB- AUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	, in or obout 21C. WHERE office bldg., INJURY OCCL	DID (If in Boltimore City, gi	ive exoct locotion)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	VHILE AT NOT	WHILE WORK	NJURY OCCUR?	10-10-10-10-10-10-10-10-10-10-10-10-10-1
22.	ertify that I held an 1		7577		an this basis, death in r	my apinian
res	sulted from: Natural ca	uses X		de Homicide	Undetermined mann	
		1	> 1		L EXAMINER	DATE SIGNED
SIGNA	ATURE ATURE	70, he	such M.	D. ASSISTANT MEDICA	L EXAMINER X	DATESTONED
	Rudiger	Breiten	ecker, M.D.	ASSOCIATE MEDICA	L EXAMINER 1	1-19-65
	REMATION 23B. DATE		C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (City	, town, or county) (State)
	D BY HEALTH DEPT.	55 248, NAME	National Ce	met MC. FUNERAL DIR	Baltimore M	ADDRESS
NOV					Halstead 120	
VS 151-REV. 1/	The state of the s	-1 - 10	A SEMPLE SEPTEMBER SEPTEMB	114020140		O OI OII ATO



	65	11957		BALTIMORE CITY HEA	ALTH DEPARTMEN	IT				
BIR	TH NO.	MEDI	CAL EX	CAMINER'S	CERTIFICAT	TE OF D	EATH Registre	red No. 1	957	ř
1	E. CASE NO.									ME
1. (Ťy	Pe or Print)		MTCH				HOUR PRONOUNC		0	15
	DI ACCIAL DALTI	CLARENCE COR		MACO DIAD	The memory period		ember 18, 19			45 A
	LL NAME OF	(IF NOT IN HOSPITA			Ma	ryland	deceased lived. If insti B. COU			
IIHO	SPITAL OR	ADDRESS OR LOCA	ΠΟΝ)			VN (If outside ltimore	corporate limits, write	RURAL on	d give to	wnship)
		Provident	Hospita	1	D. STREET ADDI					
5. 5		6. RACE	WIDOWED, I	NEVER MARRIED	B. DATE OF BIRTI		9. AGE (In years)ost birthday)	If Under Months	1 Yr. If L Days He	Under 24 H ours Min
	male	negro		RRIED			/1			
don	CUSTODI.	PATION (Give kind of work rorking life, even if retired) AN		OOL	CAMBRII		country)	12. CITIZE	SCOUNT	RY?
13.	FATHER'S NAM	E			4. MOTHER'S M	AIDEN NAME				- 1 - 1
				?			?			
15. (Ye:	WAS DECEASED s, no or unknown) Yes	O EVER IN U.S. ARMED (If yes, give war or date: W W I	FORCES? s of service)	16. SOCIAL SECURITY NO.	MRS MAF	RGARET I	CORNISH 12	ADDRESS 16 Div		n St
7	(This does n heart foilure, injury or con A DISEASES (RISE TO THI UN DERLYIN	LE OR CONDITION DIE LEADING TO DEATH of mean the mode of oathenio, etc. If means application which caused of NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST.	dying, e.g., the disease, death.) \$ NY, GIVING	(A) Arter	iosclerotio	cardic	ovascular d	isease		
0		11		10						
ERTIFICATION	OTHER SIGN TO THE DISEASE OF	NIFICANT CONDITIONS OF THE PROPERTY OF THE PUT NOT RELECTION CAUSING	ATED TO T	NG HE	• ****••••		00-0			
CERT	19A. DATE OF	OPERATION 198, CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FIR			D
MEDICAL	21 A. EXTERNAL UNDERLYING UTING CAU	OR CONTRIB-	etc.)	PLACE OF INJURY (e.g., farm, factory, street,				ve exoct lo	cotion)	
2	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	v	VHILE AT NOT	WHILE WORK	DINI DIQ WO	RY OCCUR?			
			(99)	ccident Suici	de Homici	de U	AMINER X		DATE	SIGNED

Rudiger Breitenecker, M.D. ASSOCIATE MEDICAL EXAMINER

23C. NAME OF CEMETERY OF CREMATORY

Burial 11/23/65 National Cemetry Baltimore Md

NOV 23 1965 Pole & E. Farley M.

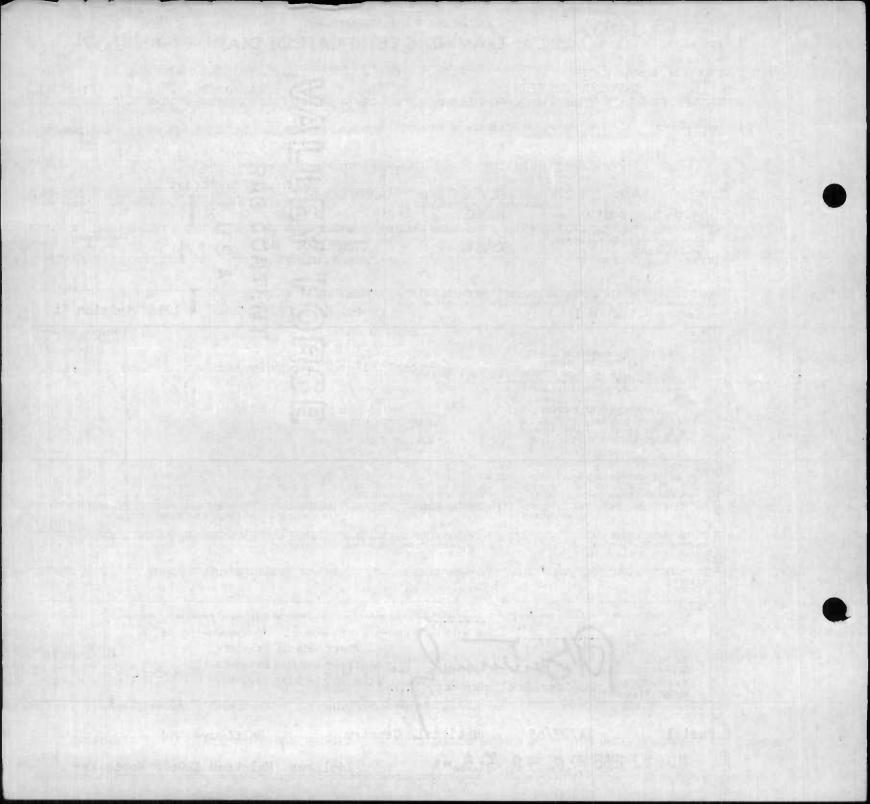
EXAMINER'S NAME (Type)

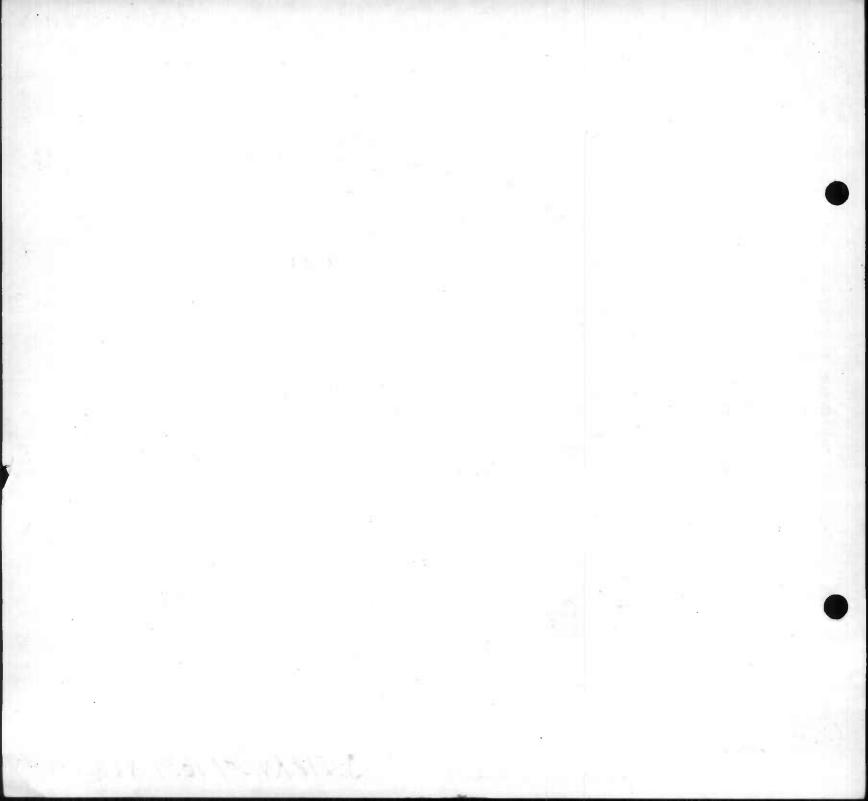
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)

Adolphus Halstead 1206 W North Ave

(City, town, or county)

23D. LOCATION

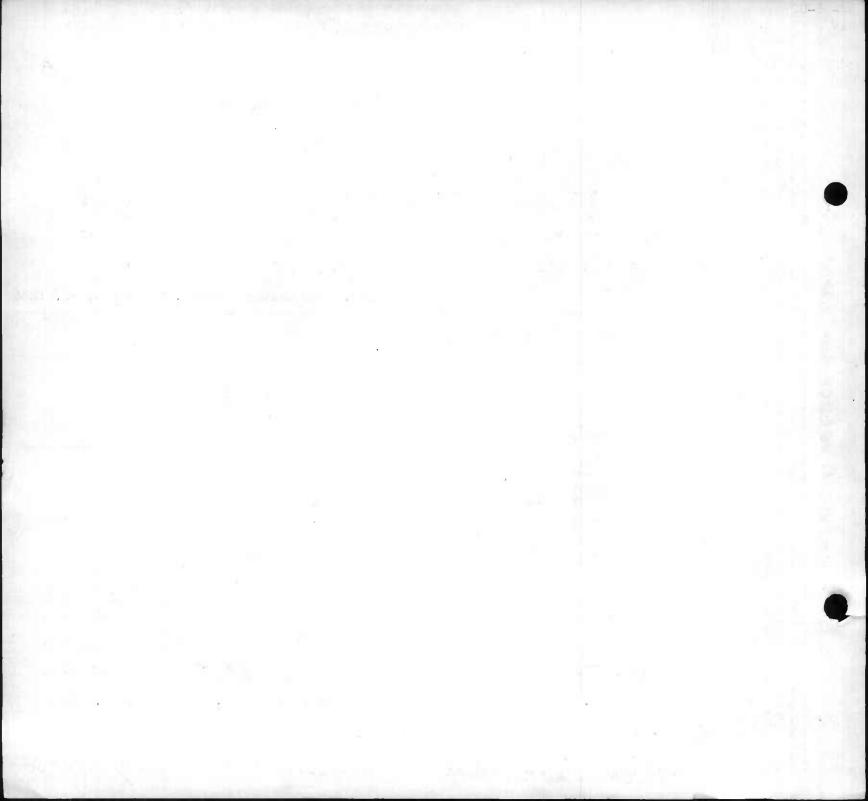




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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH Registered Na. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) VOU. 21 965 USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) B. COUNTY Baltimore C. CITY OR TOWN (If outside city limits, write RURAL and give township) (TImore (If rurol, give location) North 9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. Hours lost birthdoy 12. CITIZEN OF WHAT COUNTRY? V91 nia 4. MOTHERS MAIDEN NAME BCH, 4940 Eastern Avenue, Baltimore, Md 2 1224 INTERVAL BETWEEN ONSET AND DEATH 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? and hour and fram the causes stoted abave. (1) (We) (did) (did nat) view the bady after death. 238 DATE SIGNED Med. Phys. Director 4940 Eastern Avenue, Baltimore, Md. 21224 (City, town, or county) 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



the chief medical

hospital

8

assistant

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 105- 2963065 Registered No. CERTIFICATE OF DEATH pital and of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Meyers LO death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance MARGLAND cause (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR address ar tacation) canse; 0 INSTITUTION BALTIMORE GEN, HOSPITAL prior contributing D. STREET ADDRESS (If rural, give lacation) mc Cloon is made. (4) Undetermined regular 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years deceased WIDOWED, DIVORCED (specify) WHITE MALE 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition done during most of working lite, even if retired) MARYLAND NONE NONE Mas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NANCY JOSEPH 0 death 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown)((If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance NANCY MYERS NO 1B. CAUSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY med Respiratory Distress Prematurity LEADING TO DEATH fracture (This does not mean the mode of dying, embal hearl lailure, osthenio, etc. It meons the diseose, regular injury at camplication which caused deoth.) ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the physician remains UNDERLYING CONDITION lost. Was OTHER STORE OF TO THE DEL DISEASE OR COND.

19A. DATE OF OPERATION

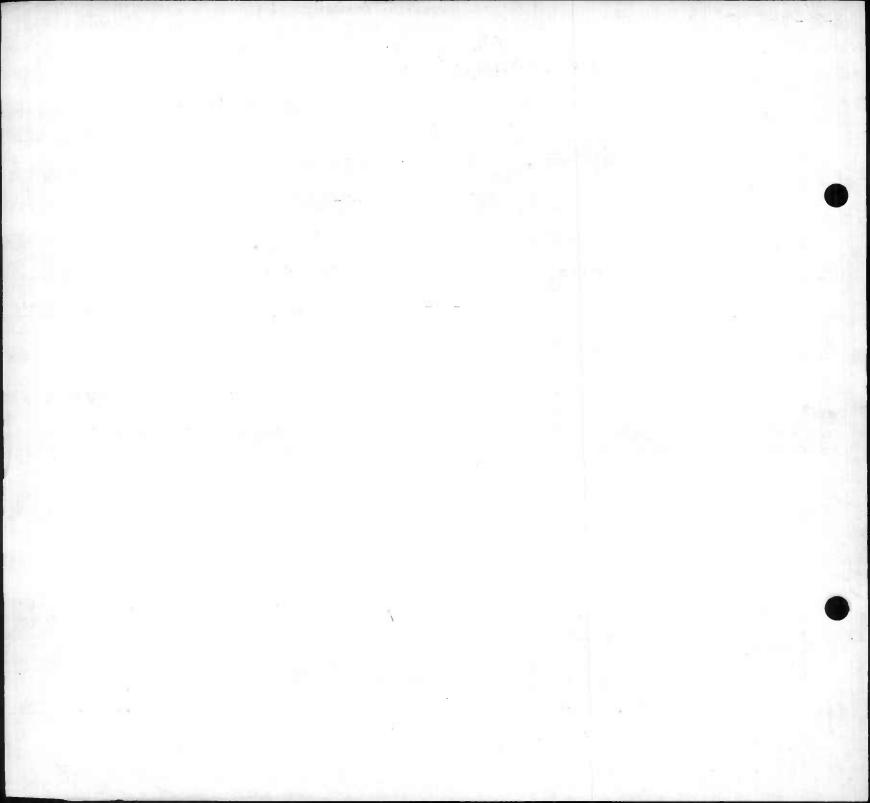
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)

(Manth) (Day) (Y OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes at Na) the ō (2) where 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? the hospital °Z etc.) nature; obtained (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 (except Not While While At Work At Work and any 22. I certify that (1) (this haspital) attended the deceased from... NOU that (1) (we) last sow the deceased alive an. 0 hospital death) and hour and from the causes stoted obave. (I) (We) (did)I(d) id nat) view the body after death. must accident 23A_SIGNATURE Attending Phys. 0 approval 0 23C. PHYSICIAN'S 23 D. ADDRESS prior t o 0 D.O.A. eceased written shows: Mas

00 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship) Blud. If Under 1 Yr. If Under 24 Hrs. Manths! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? 4.5A. ADDRESS SAME AS ABOVE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) 19 6 5 and that In(my) (our) apinion death accurred an the date 23B. DATE SIGNED ADDRESS 1965 Robert VS 150-REV, 1/1/65

Regnetter Del

BALTIMORE CITY HEALTH DEPARTMENT. Registered No.65 (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? TISA ADDRESS 213-07-7139 RECORDS: BCH 4940 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH pulmonary insufficiency 20A. AUTOPSY? (Yos of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in(my) (and-opinion death occurred on the date 23B DATE SIGNED Avenue Balto. Baltimore, Maryland VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH	()() 7.7.00	CERTIFICA	TE OF DEATH	Registered Na	11962
1. NA	ASE NO. ASE OF DECEASED OF PAIN BEYLAN E.	Rolf	2. DATE AN	11/18/65	1 6 20 Am.
3. PL/	CE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When	e deceased Kved. If ins	litution: residence before admission)
НО	L NAME OF (If not in hospital or instinction)	tution, give streef	G. CITY OR TOWN All out	side city limits, write RU	JRAL and give township)
M's	ARYLAND GENERA	1 Hosp	BAHin	nore_	21219
B	Alt. Md.		D. STREET ADDRESS (IF 2900 G	Just location)	Ave
5. SEX		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	SUAL OCCUPATION (Give kind of work 108, K uring most of working life, even if retired)	own Home	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FA	THEP'S NAME DO-	2014)	14. MOTHERS MAIDEN NAM	ME	
(Yes, n	s Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give war ar dates of so	240 00 000/	17. INFORMANT	Norry	ADDRESS
18	10	210-03-3300 CAUSE 0	E DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		lander C		ONSET AND DEATH
h	his does nat mean the made of dying eart lailure, asthenia, etc. It means the d jury or camplication which caused death	sease,	rejuigo	au _	
	ANTECEDENT CAUSES	(8)	ۇدىرىسىيىسىيى ئۇرۇرۇرۇرۇرۇرۇرۇرۇرۇرۇرۇرۇرۇرۇرۇرۇرۇرۇر	~~ ~~ 0 0 000 000 000 000 000 000 000 0	
	ISEASES OR CONDITIONS, if any,	giving			
	se to the abave cause (A) statin NDERLYING CONDITION last.	g The (C)		****************************	
NOIL	THER SIGNIFICANT CONDITIONS CONTRI O THE DEATH BUT NOT RELATED ISEASE OR CONDITION CAUSING IT.	BUTING TO THE			
1		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
0 2	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g., i hame, form, factory, street, a etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If n Baltimare	City, give exact lacotion)
0 21	D. TIME (Month) (Doy) (Year) (Hou		21 F. HOW DID INJ	URY OCCUR?	
< (A	PPROX.)	While At Not While Work At Work			
	. I certify that AF(this haspital) atte	1///0-			1965.
	at (IF (we) last saw the deceased alived Kaur and from the causes stated ab	1 0		of in (my) (out) opin	ian death accurred on the date
	A. SIGNATURE	(17,00) (010) (010 101)	new the body offer decin.		23B. DATE SIGNED
0	Smald (- 4	eweld M.D. Att	ending Med. Director	Stoff Phy s.	11/18/65
23	C.PHYSICIAN'S NAME (Type)	EWEDS M.D.	1) ADDRESS	DENFRA	Hoss
	EMOVAL (Specify)	24C. NAME OF CEMETERY OF CR		1.1. 1	, town or county) (State)
1	Burial 11/22/65.	0	metery	Violetvil	le, Md.
25A. I		Farber Mill	Leonard J.	Ruck Inc.	BALto. Md. 21214
VS 15	-REV, 1/1/65				

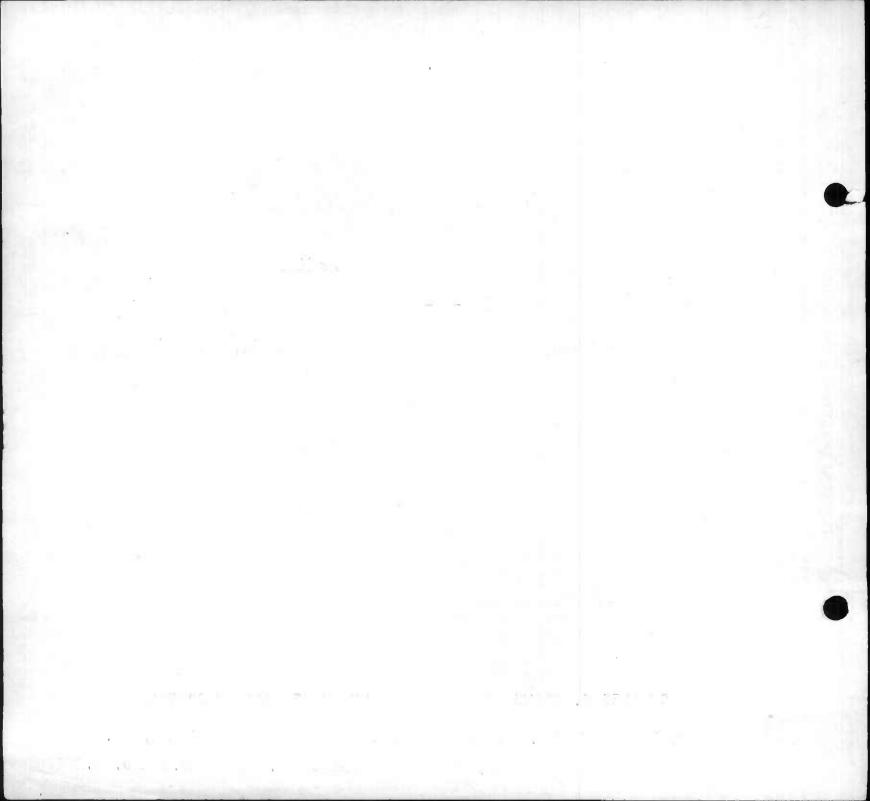
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VS 150-REV. 1/1/65

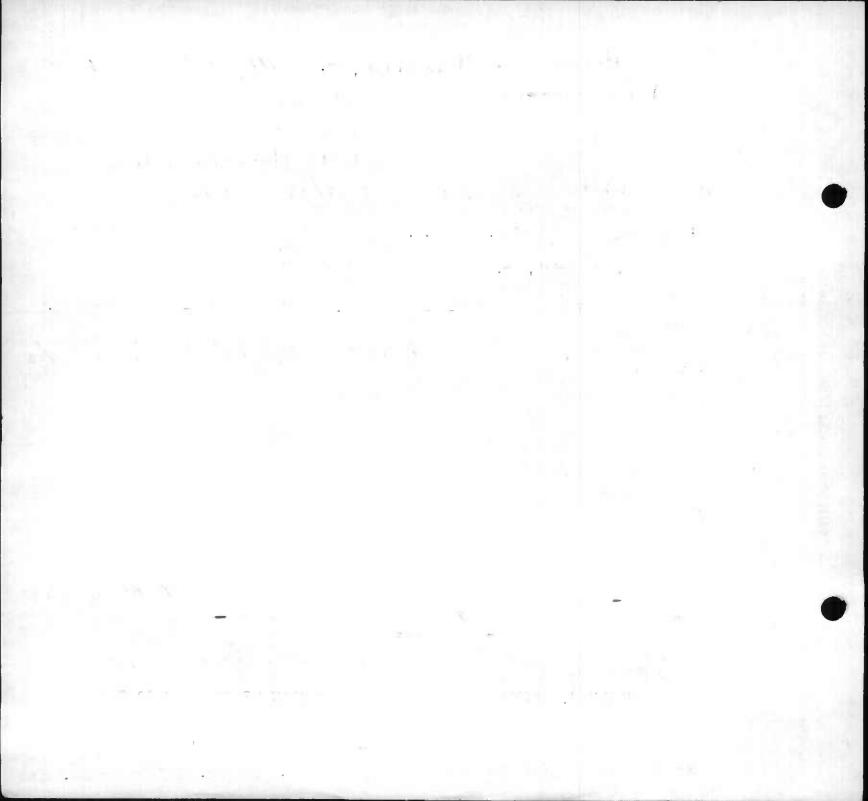
	65 11	963		HEALTH DEPARTMENT	Registered No.	11963
M.E. CASE NO.	00 11	000	CERTIFICA	TE OF DEATH	Registered Na	
Type or Print)	Steen	I	ema W.	2. DATE AN	D HOUR OF DEATH	1855
3. PLACE OF D	EATH IN BALTIMORE, M		C////		to doceosed livod. If ins	titution: residence before admissi
				A. STATE B. COUN	ITY	30 01
FULL NAME		l or institu	tion, give street	C. CITY OR TOWN (If ou		0 1 0 6
INSTITUTION				201-111	2 5	JRAL and give township)
UNION	M MEMORI	AL	HOSP	D. STREET ADDRESS (IF	rural, give location)	
4,0.0,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,				AVE
5. SEX	6. RACE	7 4440	RIED, NEVER MARRIED	2706 +1F	MILTON	AVE
4	o. RACE		OWED, DIVORCED (specify)	1/04/03	9. AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
			D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or fore	ign country)	12. CITIZEN OF
	of working life, even if retired)			VA		WHAT COUNTRY?
HOUS G	AME			14. MOTHER'S MAIDEN NA	MF	US
				(1.		
LINW	OOD WINS	TON			BARKER	(D)
7es, no or unknow	ed Ever in U. S. Armed Fown) (If yes, give wor or do	orces? tes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				GLIFTON L.S	STEEN	SAME
18. 7 7	/ / 1		CAUSE O			INTERVAL BETWEEN
103	ASE OR CONDITION D	IRECTIV			COURSCULAR	ONICET AND DEATH
DISE	LEADING TO DEATH		40		DENT	4. 1
	nat meen the made a		e.g., DUE TO	SIVE ACC.		
	e, asthenia, etc. It mean amplication which cause		ease,			
,	ANTECEDENT CAUSE		(B)			
DICCACCO			DUE TO			
	OR CONDITIONS, if the abave couse (A)					
UNDERLYII	NG CONDITION last.		1 6/	***************************************		
	II II					
	NIFICANT CONDITIONS					
DISEASE O	R CONDITION CAUSING					
		NOTION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED
E 0	44.73	n. VAIVIED		NO	CENTIFIED CAU	JLJ OF DEATH!
OR CONTEL	ENT WAS UNDERLYING		21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
Z DEATH (not	ify medical examiner		etc.)	med stogs, my okt occok?		
O 21D. TIME	(Month) (Doy) (Year	Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?	
S OI MAJORI	1001		While At Not While		ORI OCCOR:	
(APPROX)			Work At Work			
22. I certif	fy that (1) (this hospite	attend	led the deceased fram/	1/18/65	19ta//	1963
that (I) (w	e) last saw the deceas	ed alive	an /1/19			ian death accurred an the
			00		()	
23A. SIGNA		0140 000	ve. (I) (We) (did) (did nat) v	new the bady after death.		O.D. D.ATE CLON'S D
Z3A. SIGNA	7	CA	4 A 10 A 11	anding - A4-4 -		23B. DATE SIGNED
CKO	ules S.	0	Cours M.D. Atte	onding Med. Director	Stoff Phy s.	11/19/65
23 C. PHYSIC	tAN'S (Type)			23D. ADDRESS		,
Č	HARLES S. B	ROWN	M.D.	CUNIONAMENTOR	MAR PHOSP HTA	LHOSP
24A. BURIAL CI			C. NAME of CEMETERY OF CRI			, town, or county! (State
REMOVAL	(Specify)	1-	n : 10			
Bur		05. 1	Parkwood (emet	ery	Daltimor	e, 111a.
25A DATE REC	D BY HEALTH DEPT.	258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	0.10 0	e, Md. Balto Md. 21214
MON S	1202 (Pres)	18.4	Table MA	Leonard y.	Nucr Ync. E	acco.111a.21214

7 7

F 1



FULL NAME HOSPITAL O INSTITUTION			give street	Baltine D. STREET ADDRESS	If rurol, give location)	JRAL and give township)
Male	6. RACE White	WIDOWE	D, DIYORCED (specify)	3/3#/98	9. AGE (In years lost birthdox)	If Under 1 Yi. If Under 2 Months Doys Hours A
one during most	CUPATION (Give kind of work of working life, even if retired)	10B. KIND O		Maryland 14. MOTHER'S MAIDEN N		12. CITIZEN OF WHAT COUNTRY?
. Wos Deceo	an L. Menneric	ces?	1 6. SOCIAL	Catherine Higo	don	ADDRESS
Yes	wn) (If yes, give wor or dote	es of service)	SECURITY NO. 213-38-8608	Mrs Comelia	Mennerick- 65	313 Harford Rd.
(This does heart foilu injury ar c	ASE OR CONDITION DISTRIBUTION DI CONDITIONI DI	dying, e.g., the diseose deoth.)	(B)	te My.cardia	(Infantion	ONSET AND DEAT 1PM 11/18/65 720/10/11/19/
(This does heart foiluinjury ar of DISEASES rise to UNDERLY	LEADING TO DEATH In not meen the mode of e, ostherio, etc. It means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) NG CONDITION last. 11 SOLIFICANT CONDITIONS C DEATH BUT NOT RELA DR CONDITION CAUSING	dying, e.g., the disease death.) any, giving stating the Stating the Stating the Stating to The	(B)			10m 11/18/65 920Am 11/18/
OTHER SIT TO THE DISEASE OF THE DISE	LEADING TO DEATH not meen the mode of e, ostherio, etc. It means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) NG CONDITION last. II SNIFICANT CONDITIONS C DEATH BUT NOT RELA DR CONDITION CAUSING 1 OF OPERATION 198. CON WAS PER	dying, e.g., the disease deoth.) any, giving sloting lhe CONTRIBUTINATED TO THE	(B) DUE TO (C) IG HE WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 20B. IF YES, WERE FI	IPM 11/18/65 920AM 11/18/
OTHER SIT TO THE DISEASE OF THE DISE	LEADING TO DEATH In not meen the mode of e, osthenio, etc. It means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) NG CONDITION last. II SNIFICANT CONDITIONS CO DEATH BUT NOT RELA DE CONDITION CAUSING OF OPERATION 198. CON	dying, e.g., the discose deoth.) any, giving sloting the CONTRIBUTINATED TO THE LITERATED	(B) DUE TO (C) GHE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street,		Nol 20B. IF YES, WERE FI	16m 11/18/65 720Am 11/18/
OTHER SITE OF THE DISEASE OF THE DIS	LEADING TO DEATH In not meen the mode of e, osthenio, etc. It means omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) NG CONDITION last. II SNIFICANT CONDITIONS OF DEATH BUT NOT RELA OR CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF	dying, e.g., the discose deoth.) any, giving sloting the CONTRIBUTINATED TO THE. CONTRIBUTION FOR FORMED (Hour) 21E WI	(B) DUE TO (C) GHE WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street,	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	IPM 11/18/65 920AM 11/18/
OTHER SIT TO THE DISEASE OF THE DISE	LEADING TO DEATH In not meen the mode of e, ostherio, etc. It means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) NG CONDITION last. II SOLIFICANT CONDITIONS	dying, e.g., the disease death.) any, giving sloting the control of the control	(B) DUE TO (C) IG HE WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, orm, foctory, street, or mile At Not Work Not Work The deceased from	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore NJURY OCCUR?	IPM 11/18/65 224 AN 11/18/69 INDINGS CONSIDERED SES OF DEATH? City, give exact location)



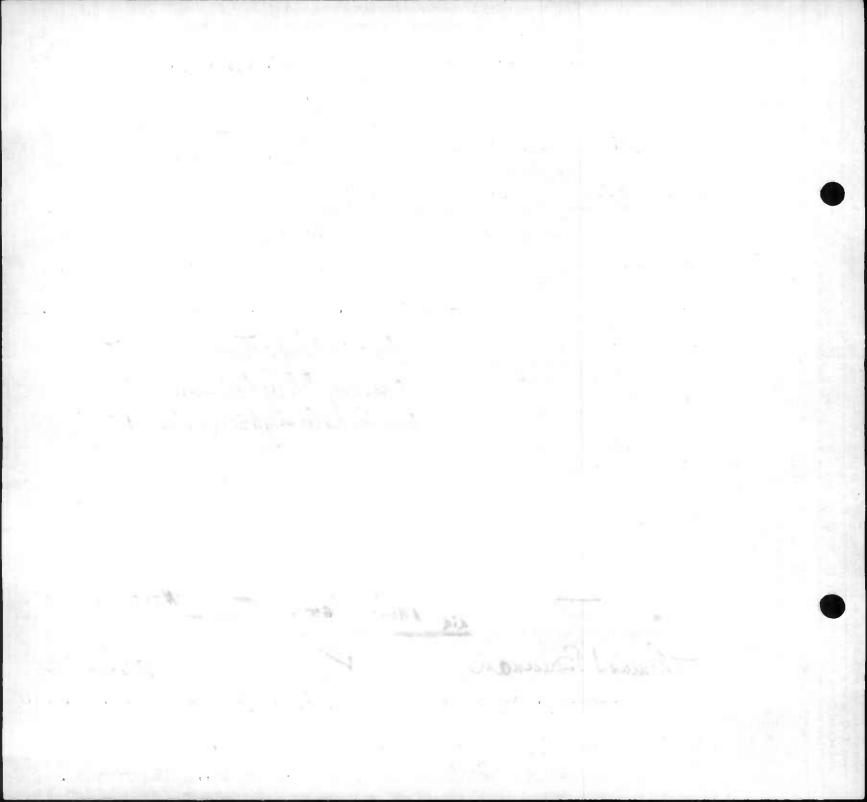
25C. FUNERAL DIRECTOR

Leonard J. Ruck Inc., 5305 Harford Rd.

ADDRESS

25A. DATE REC'D BY HEALTH DEPT.

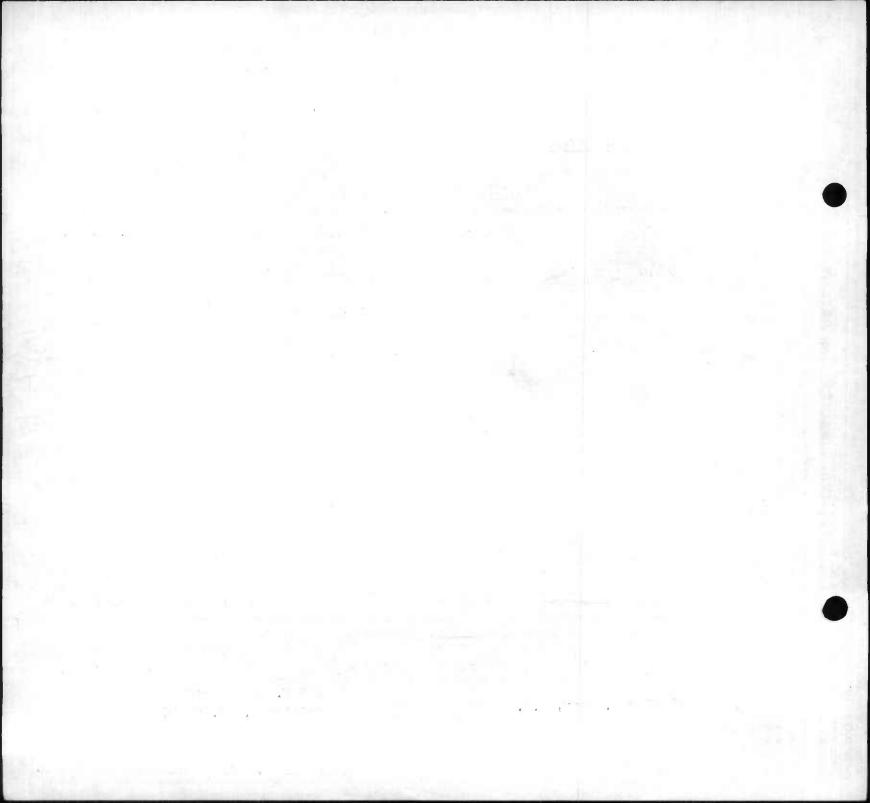
VS 150-REV. 1/1/65



BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Mary Heffelman 2. DATE AND HOUR OF DEATH Nov. 20m 1965 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR HOSPITAL O	
Type or Print! Mary Heffelman Nov. 20m 1965 3:0 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion)	
FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location) A. STATE B. COUNTY A. STATE B. COUNTY C. CITY OR YOWN (If outside six limits with BURAL and a state of the state of	
HOSPITAL OR oddress or location)	nship)
INSTITUTION (IT BUSINESS CITY THAT'S, WHILE KOKAL BAR GIVE HAWA	
1016 Marlau Drive Baltimore D. STREET ADDRESS (If rurol, give location)	
1016 Marlau Drive	
	f Under 24 ours M
10A. SUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNT	TRY?
Housewite At Home Ontario, (anada U.S.	71.
Timothy Gathey 15. Was Deceased Ever in U. & Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
No Mrs. Robert Hutchinson Same	
18. 332 X I CAUSE OF DEATH INTERVAL ONSET AN	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral Thrombosis 100	lav.
tims does not mean me made or dying, e.g., DOE 10	17
heart failure, asthenio, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES (B) Arterio sciero sis	
ANTECEDENT CAUSES (B) / 17/E7/0 SCIL 70 S/S	
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION tost.	
7	000
	Car.
198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	KED
U 21A, ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact loc	cotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not While Work At Work	
22. I certify that (I) (this hospital) oftended the deceased from Feb 1957 to Nov 20	196
that (1) (w) last saw the deceased alive an NOV 18 1965 and that in (my) (w) opinion death occurre	
and haur and from the causes stated abave. (1) (We) (did not) view the bady after death.	ed un The
23A. SIGNATURE 23B. DATE SIGNED	
Med Stoff Stoff	191
23C. PHYSICIAN'S 23D. ADDRESS	116
NAME (Type) 607 W. Joppa Road	
Charles E. Shaw, M.D. M.D. Baltimore Md. 21204 240. EXEMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(5+
Burial 11/23/65 Rose Hill Cemetery Akron, Ohio	(3)
2000000	FCC
NOV 23 1965 Robert E. Toure Mills Leonard J. Ruck Inchaltimore	

Rose Hill Cemetery Akron, Ohio

OF REGISTRAR
Leonard J. Ruck IncBaltimore, Md. NOV 23 1965 Poly VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

A 1	BALTIMORE CITY	Y HEALTH DEPARTMENT
00	BIRTH NO. 65 11967 CERTIFICA	TE OF DEATH A Registered No. 65 11967
of death Deceased e on the 1th. Such	M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
School	(Type or Print) XXXXXX Doelle Cha	4 4
on on the	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	rles M. 11965 10:45 PM.
		A. STATE 8. COUNTY
Q (S)	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address ar location)	MD. BALTIMORE C. CITY OR TOWN (If outside city limits, write RURAL and give township)
ng cause; cause; attend ior to	Baltimore City Hospitals	BALTIMORE 21
g au or	4940 Eastern Avenue	D. STREET ADDRESS (If rurol, give location)
	Baltimore, Maryland 21224	Box 537 RFD 1
200	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months; Days Hours; Min.
ontrik ermin regul eased is ma	m w married	12-10-99 65
n rete	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
in in dec	Weter reader Gas & Elec. Co.	Maryland U. S. A.
(4) Und was the d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Doelle	Sophie
E = -	15. Was Deceased Ever in U. S. Armed Forces? 16. SOMAL	17. INFORMANT ADDRESS
the deat deat	(Yes, no or unknown) (II yes, give wor or dotes of service) STURITY NO.	RECORDS:BCH 4940 Eastern Avenue 21224
4- CD 0 L		DF DEATH INTERVAL BETWEEN
f an nce end d o	DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
Also e of noun atte	LEADING TO DEATH & GA (A)	ute Myoccudial infanction + hr.
	(This daes not mean the made of dying,	
pro pro pro pro pro pro pro pro pro	injury ar camplication which caused death.)	SCVD UPS
fra ho egu	ANTECEDENT CAUSES DUE TO	
0 4 3 r r	DISEASES OR CONDITIONS, if any, grands	iabetes Mellitus 10 yrs.
an in	UNDERLYING CONDITION last.	lood (1.co. / (o.t. t.x.)
edical burns; hysicia n was remain	Z CZUSA SIGNIFICANIA CONTROLLANO	1 1 1
be bu hy n	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESTRUCTION CAUSING IT.	brevious muocardia intructe lur.
dy dy e p icia	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	POA. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
th th ys	WAS PERFORMED	No IN CERTIFYING CAUSES OF DEATH?
	U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in order of the control of the cont	
	DEATH (notity medical examiner) etc.)	
osp pt w (6) ned	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whi	21F. HOW DID INJURY OCCUR?
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the hand no and obtain	22. I certify that (fthis hospital) attended the deceased fram	1 31 1965 10 11 19 1965,
- 00	that (Kan last saw the deceased alive an	19 65 and that in (aur) apinion death accurred an the date
sed tint of pital pital eath	and haur and from the causes stated abave. (We) (did)	
dent of dent of lospital death) must be	23A SIGNATURS	238. DATE SIGNED
ccid a ho to al n	A.D. Att	rending Med. Stoll Phys. Director Phys. Director Stoll
9 4 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
was r A. at a prior	Dr. D. E. Gaasterland M.D.	4940 Eastern Avenue Balto, Md. 21224
E O B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	
the body shows: (1) was D.O.A deceased written ap	burial 11-24-65 Baltimore Nat	ional Cem Baltimore, Md.
as are	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
sho was	NOV 23 1965 Rept 2 Faller	Leonard J. Ruck Inc Baltimore, Md.

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BALTIMORE	CITY	HEALTH	DEPAR	TMENT
DALLIMORE	CIT I	TIESTETT	PLIAN	IMPIA

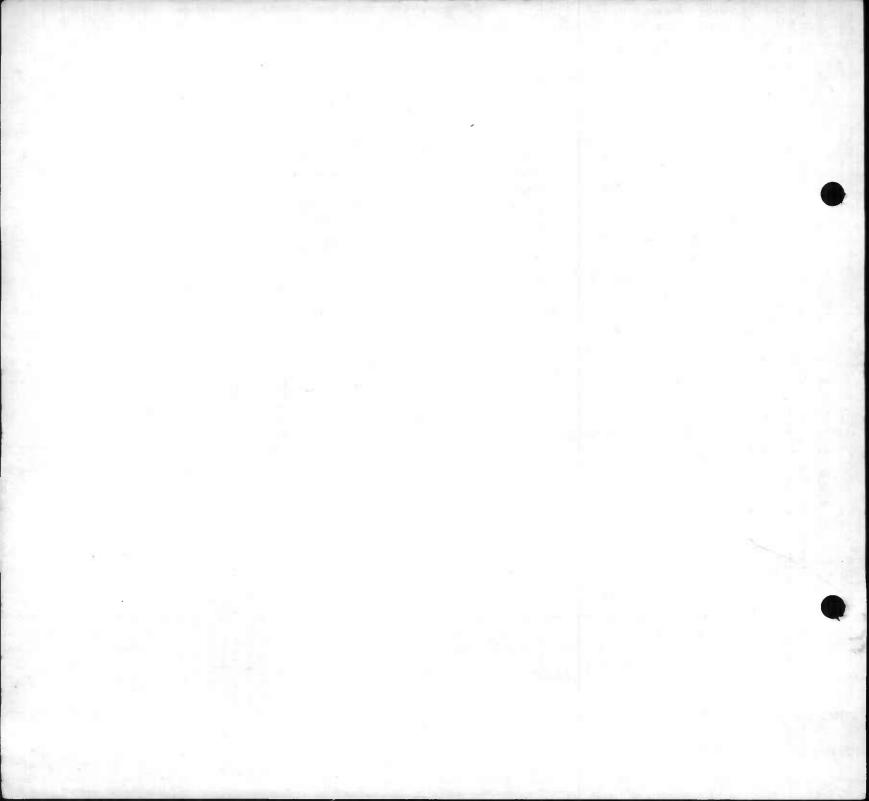
Registered	NG5	30	98	8-	6	6
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BIRTH NO. 65 113	CERTIFICA	TE OF DEATH	Registered No.5 3 1 5 6 6
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print)	el Louise McKee	2. DATE AND H	OUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE			ceosed lived. If institution: rosidenco before admission)
FULL NAME OF (If not in ho oddiess or lo	spital or institution, give street accition)	C. CITY OR TOWN (If outside	city limits, write RURAL and give township)
University /	ospital	D. STREET ADDRESS (If rurol,	give location) Fan Ave
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. A	GE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if re	of work 108, KIND OF BUSINESS OR INDUSTRY fired)	11. BIRTHPLACE (Stoto or foreign c	ountry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	Brown	14. MOTHER'S MAIDEN NAME ROSA LA	rris same
15. Was Deceased Ever in U. S. Arme (Yes, no grunknown) (If yes, give wor o	of Forces? If dotes of service) 16. SOCIAL SECURITY NO. 220 -30 - 1213	17. INFORMANT Oxygliter	ADDRESS
18.3-72.11		PF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	N DIRECTLY ATH	eritonitis	11/13/65
(This does not mean the macheoit failure, astheria, etc. If n injury at complication which complication which complication which complication which complication which complication which completely a strength of the control of the c	te at dying, e.g., pused siseose, pused death.) USES (8) DUE TO DUE TO	ptuved dive	enticulum 11/20/65
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	NS CONTRIBUTING RELATED TO THE		
3 11/15/65 WA	s performed diverticulu.	IN IN	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE O	NG/ 218. PLACE OF INJURY (e.g., i	n or obout 2 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimote City, give exact location)
21D. TIME (Month) (Doy) (APPROX.)	Yeor) (Hour) 21E INJURY OCCURRED While At Not Whi Work At Work		OCCUR?
22. I certify that (1) (this hos	pital) attended the deceased fram	11/13 19 9	25 to 1/20 19 5
that (I) (we) last saw the dec	seased alive an (We) (did) (did nat)		(my) (aur) apinion death accurred an the date
23A. SIGNATURE	2 00	The bady arrest deaths	23B. DATE SIGNED
Henry H. o	Sohlwan M.D. Att	ending Med. Stoff Phys	
23C. PHYSICIAN'S NAME (Type)	M.D.	23 D. ADDRESS	
24A. BURIAL CREMATION, 24B. DA' REMOVAL (Specify)	TE 24C. NAME of CEMETERY OF CR		
BURIBL 11/2	4/65	5 055	EX COUNTY, VA.

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

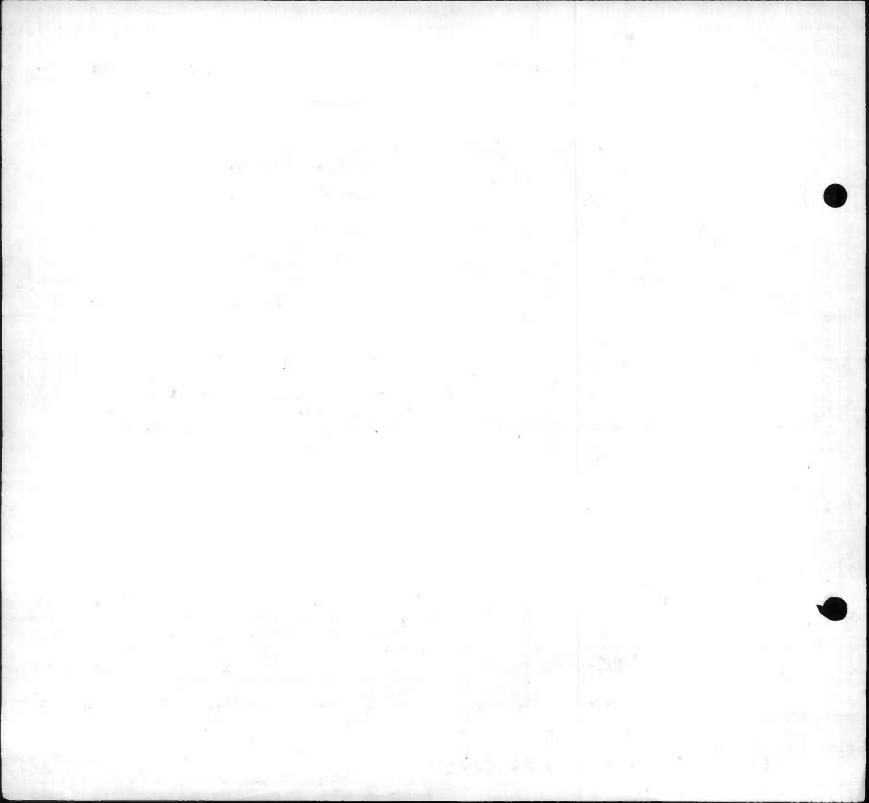
25C. FUNERAL DIRECTOR

Porfo Je 1304h. Contral as



BAL	.TIMORE	CITY	HEALTH	DEPARTM	ENI

M.E. CASE I I, NAME OF Type or Print	,		3-1-11-11-11-11-11-11-11-11-11-11-11-11-	2. DATE A	ND HOUR OF DEATH		
	MITC	chell, We	bster	Nove	aber 22, 196	10:40	A. /
. PLACE O	DEATH IN BALTIMO	DRE, MARYLAND		A. STATE B. COU	ere deceased lived. If i NTY	nstitution: residence before ac	lmission
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or lacotion) St. Joseph Hospital			Maryland		00/		
				utside city limits, write	RURAL and give lownship)		
			Baltimore D. STREET ADDRESS (III	rurol, give lacotian)			
	-00	oo opn nos	proar	1215 N. Dallas			
5. SEX	6. RACE			B. DATE OF BIRTH	9. AGE (In years	If Under) Yr. , If Under	24. Hrs
Male	Negro		WED, DIVORCED (specify)	11-19-1889	75	Manths Days Hours	Min.
	OCCUPATION (Give kir	nd of work 108, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
ane during m	ast of working lile, even i	()	000	Maryland		WHAT COUNTRY	
3. FATHER'S	NAME	4	1 11	14. MOTHERS MAIDEN NA	ME		
7,	alhour	mile	hell	DORRAN	1		
5. Was Dec	eased Ever in U. S. A.	rmed Forces?		17. INFORMANT		ADDRESS	
Tes, no on uni	(nawn) (If yes, give wo	or gotes of servi	SECURITY NO.	Oliver H. M.	Lehell 52	OW Landal	e D
18.	5/1/1		CAUSE OF	120.00		INTERVAL BETWE	
9	ISEASE OF CONDITI	ION DIRECTLY				ONSET AND DE	ATH
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injury o	ilure, asthenia, etc. I r complication which	I means the dise caused death.) CAUSES	ose, (B) Infar XXXXXX lo	etion occipita	l and fronts		
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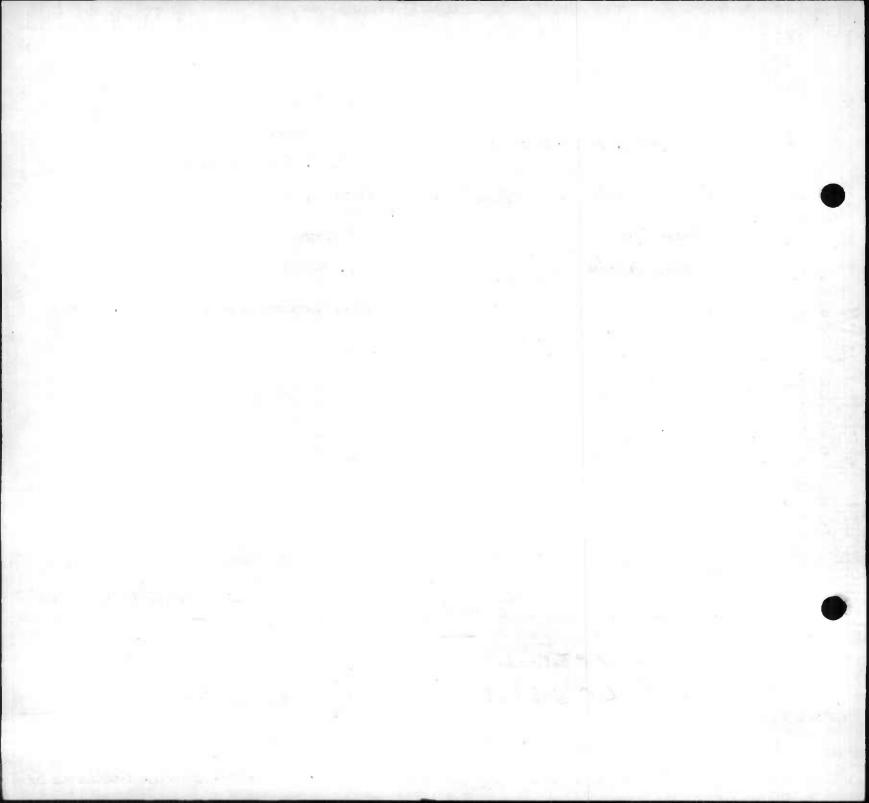
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prior to death.

				BALTIMORE CITY	HEALTH DEPARTMENT	05	4.4.0020
	TH NO.	65 11	970	CERTIFICA	TE OF DEATH	Registered No	11970
	E. CASE NO.		LUIU			D HOUR OF DEATH	
(Ту	pe or Printl	Irosskopl.			216	r. 21,1965	235 a. M
3.		TH IN BALTIMORE, MA	RYLAND			e deceased lived, If ins	titution: residence before admission)
	FULL NAME OF	E (If not in boosite)	as institution	and the st	Maruland	1	7-1
	HOSPITAL OR	F (If not in hospital oddress or location		give siteer		side city limits, write R	URAL and give township)
					Baltimore		1144
1	505	5 N. Kenwood	Avenue	2		rurol, give location)	
					505 N. Kenux	ood Avenue	
		6. RACE		NEVER MARRIED D. DIVORCED (specify)			If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
1		White	widou		March 7, 1881	9. AGE (In years lost birthday)	
					11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?
	**	vorking life, even if retired)					USA
3.	Housewill	Le It			YEMMANU 14. MOTHER'S MAIDEN NAM	ME	USA
	_				C 44		
4		Menius Ever in U. S. Armed For	?	1 6. SOCIAL	(. Kratz		ADDRESS
Ye	s, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.			1/6
1	No			No	Miss Margaret DEATH Co-rund-warend	Yrosskopf	505 N. Kenwood A
	18. 4.4	2X X 26	OX	CAUSE OF	DEATH		ONSET AND DEATH
		E OF CONDITION DIR	RECTLY	1		. I dinean	Sun
		al mean the made al	dvina ea	(A) DUE TO	co - reces - reserv		
	heart failure,	asthenia, etc. It means	the disease,				
		plication which caused	deam.)	(B)			
		INTECEDENT CAUSES		DUE TO		5 0 10 0 0 0 0 0 0 0 10 0 0 0 0 0 0 0 0	
		R CONDITIONS, if above cause (A)		(C)			
		CONDITION last.			**************************************		
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TION	TO THE DE	FICANT CONDITIONS C	ONTRIBUTING	E surge arterio	selvorio, hyperte	Juny films	
CA		OPERATION 198. CON			[20A. AUTOPSY? (Yes or No		INDINGS CONSIDERED
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CE	21 A. ACCIDEN	T WAS UNDERLYING	21B.		or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
AL		TING CAUSE OF medical examiner	hom etc.)		fice bldg., INJURY OCCUR?		
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	OF INJURY			le At - Not While			
	TATT KOZI		Wor	k Al Work			
	22. 1 certify	thot (I) (this hospital) attended th			19 65 to 210	render 27 1961
	that (I) (we)	lost sow the decease	d olive on	Nov. 20	19 64 ond the	at in (my) (aur) opin	lan deoth occurred an the dote
	ond hour ond	from the couses stat	ed obove. (1) (Me)-(did) (did not) v	iew the bady ofter deoth.		
	23A. SIGNATU		100	100			23B. DATE SIGNED
		L. Cool	rhaf	M.D. Atte	nding Med. Director	Stoff Phys.	11/27/65
	23C. PHYSICIAL NAME (Ty	N'S / A TO	1-1 1		3D. ADDRESS		
	ITAME (I)	red L.C. Do	boudl	, M.D.	44791. Kenn	rood lin.	
24/	BURIAL CREA	MATION, 24B, DATE	24C. N.A	ME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (Cit	y, town, or county) (State)
	REMOVAL (S		111		Roll	timore, Mas	
25/	Buria.	BY HEALTH DEPT.	258, NAME C	Ly Redeemen	CEMELENAL DIRECTOR	rujione, inti	ADDRESS
					- International Contractions		

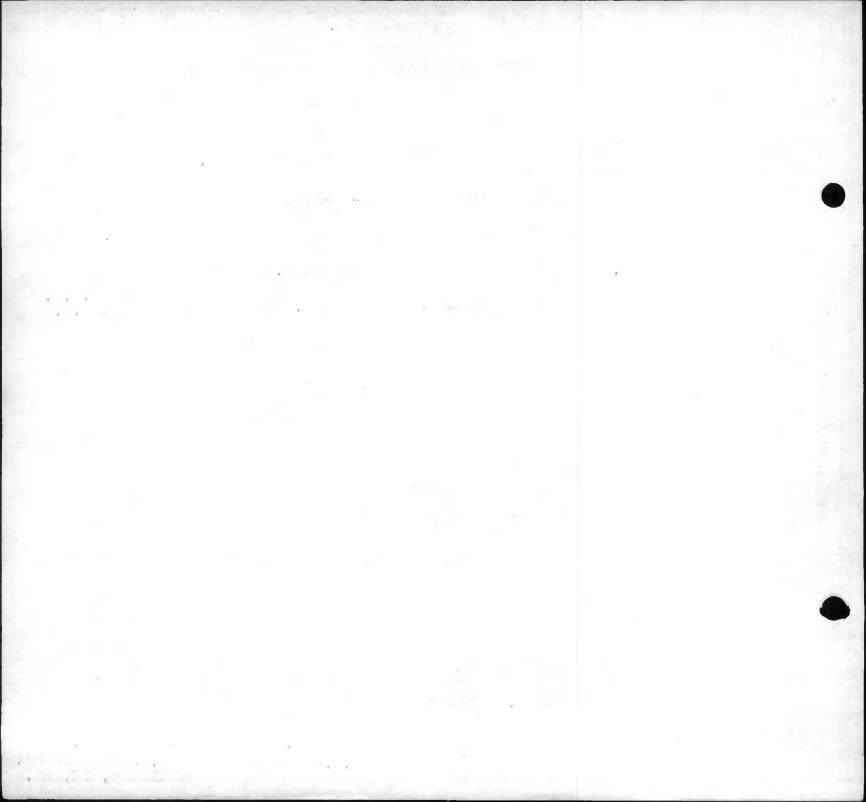
John A. Moran, Inc. 3000

Baltimore St

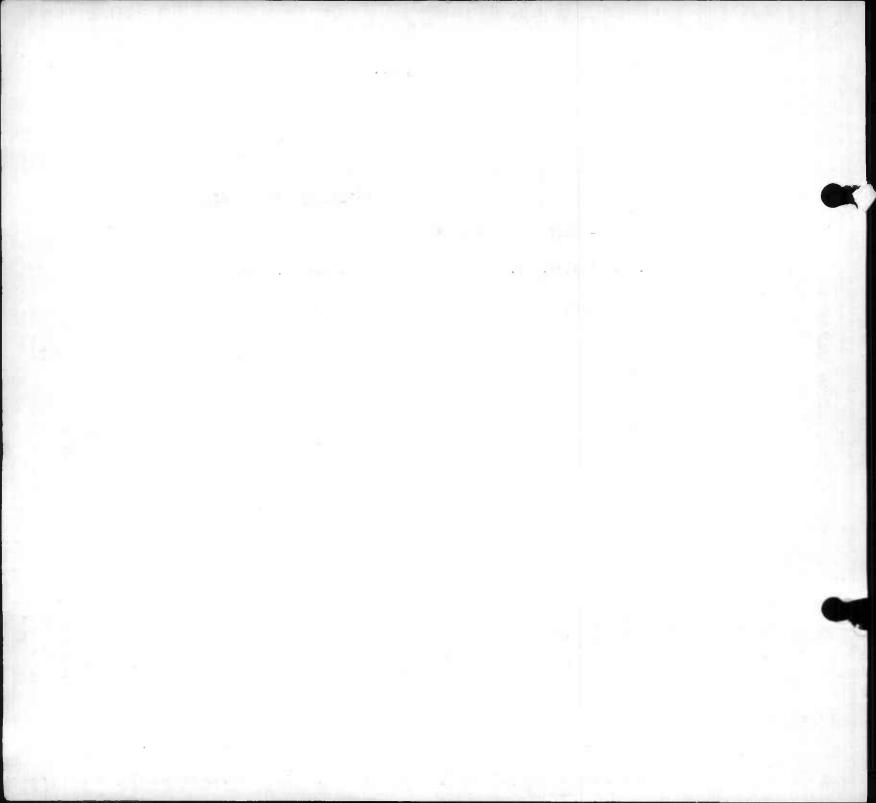


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dss	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	n/	Pe	Jan	r f
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s certifi	w Kpod	ws: (1) A	s D.O.A.	id pespe:	itten app
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

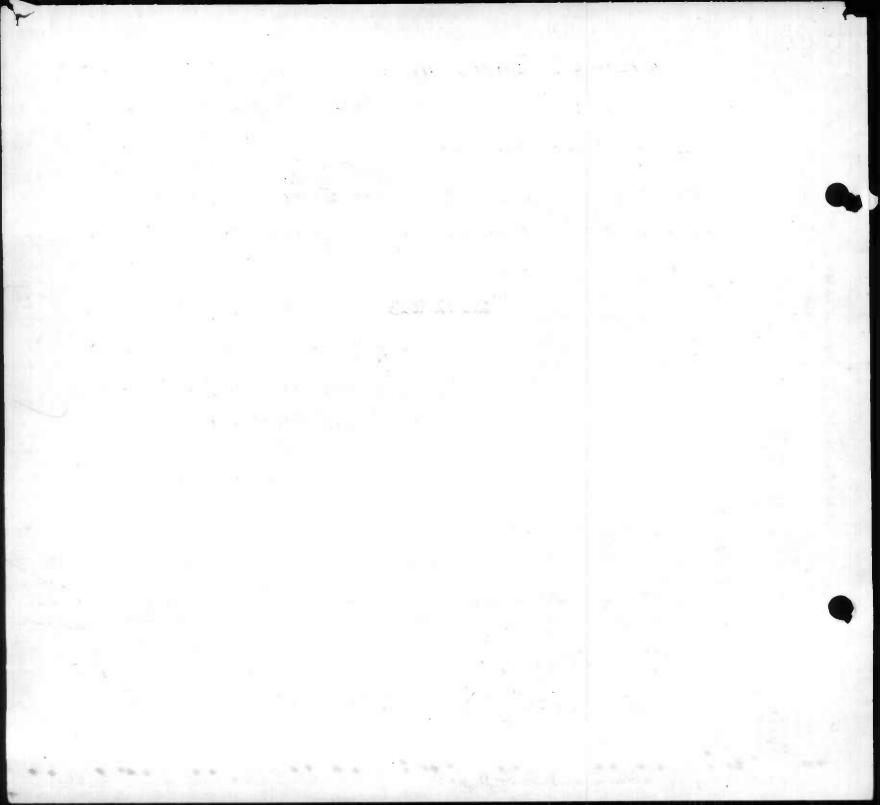
	65 1	1071		ALTH DEPARTMENT		OT AWWITE
IRTH NO.	00 1	CER.	TIFICATE	OF DEATH	Registered No	. 65 11971
A.E. CASE NO.	EASED			2. DATE	AND HOUR OF DEAT	гн
Type or Print)		oswell Heinr		Nove	ember 22,	1965 3 A.A
PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	4. A.	USUAL RESIDENCE (V	Where deceased fived. If	f institution: residence before admission
FULL NAME O	F (If not in hospital	or institution, give street		Maryland	7	1)-12
HOSPITAL OR	oddress or to cotion	n)			outside city limits, writ	te RURAL and give township)
				Baltimore		
	Edgewoo	d Nursing Ho	me D.		(If rural, give location)	
				6001 Bello	ona Ave.	
SEX	6. RACE	7. MARRIED, NEVER MARE WIDOWED, DIVORCED		ATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F	W	Widowed		-30-1897	68	
	UPATION (Give kind of work working life, even if retired)	108. KIND OF BUSINESS OF		BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housew		Own Home		Manurland		
FATHER'S NAM		OWIT HOME	14.	Maryland MOTHERS MAIDEN	NAME	USA
Chamla	a C Posses	7		T 1 A	D	
	S C. Boswel			Louise A.	boarn	ADDRESS
	(If yes, give wor or dote	s of service) SECURITY	NO.		250	0 33rd St.S.E.
No		213-03	3-3292	John A. Be	oswell Was	hington, D.C.
18. / 5	3,81		CAUSE OF D	EATH		INTERVAL BETWEEN ONSET AND DEATH
DISEAS	SE OR CONDITION DIE	RECTLY	A	. /		
ATL: date	LEADING TO DEATH	duine (A) Allri	meducato	colon	co 2+ mas
heart failure,	not mean the made af asthenia, etc. II means	the disease,	DUE-TO			
injury ar can	nplication which caused	death.)	Pare	in south A	1 Aslant	6+ 500001
	ANTECEDENT CAUSES	(E	B) COLO	es of socion	Louis	0 7202
	OR CONDITIONS, if	any, giving		0		
	e abave cause (A) G CONDITION last.	stating the (C)			
	II					
OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING				
	EATH BUT NOT RELA					
		DITION FOR WHICH OPERA	ATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE OF	-65 WAS PER	encapies olynais	ulcolon	210	IN CERIIPTING	CAUSES OF BEATH?
21 A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	218 PLACE OF IN	JURY (e.g., in or	obout 21 C. WHERE DIE	(If in Boltim	nore City, give exact location)
DEATH (notify	medical examiner	etc.)	ry, street, office	bidg., INJURI OCCUR	f	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCC	CURRED	21F. HOW DID	INJURY OCCUR?	
C OL HAZOKI		While At	Not While	1		
(APPROX.)		Work	At Work			
) attended the deceased				220 x 22 1965
that (I) (we)	last saw the decease	d alive an	nov 19	19 65 and	that in (my) (aur) o	pinian death occurred an the dat
		ted abave. (1) (We) (did)				
23A. SIGNATU		2	(212 1121)			238. DATE SIGNED
9	. Awiele (Malleres	M.D. Attendin	Med.	Stoff Phys.	11-22-65
23 C. PHYSICIA	INC	· v accessor		ADDRESS	Phys.	11 63
NAME (T	(ype)	1- T 17-77			D 3	
		k J. Vollmer		6100 York		
REMOVAL	MATION, 248. DATE Specify)	24C. NAME of CEME	TERY or CREMA	TORY 24D	. LOCATION	(City, town, or county) (State)
Buntal	77 /21. /	65 Reltimon	A Notic	nal Cem	Baltimore	Md .
A. DATE REC'D	BY HEALTH DEPT.	65 Baltimor	e nauto	25C. FUNERAL DIREC	TOR OF COMME	Co. 4905 York Rd
NOV23	1965 A. O. A.	- 2 January		H.W.Jenki	ns & Sons	J. HOUS TOPK RO
S 150-REV. 1/1/		C STORING		1 6 11	R8	ltimore, 12, Md.



CE 44079		HEALTH DEPARTMENT	65	11972
BIRTH NO. 65 11972 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	
NAME OF DECEASED			HOUR OF DEATH	EST
Type or Print) John C. Ma	c Alpine Jr	11-22.	-65	18:05 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If inst	itution: residence before odmissi
FILL MANAGOR OF OR AND IN COMMITTED AND INC.	Audian about	Pennsylvania	•	11-25
FULL NAME OF (If not in hospital or instinution oddress or location)	fution, give street	C. CITY OR TOWN (If outs	ide city limits, write RL	IRAL and give township)
INSTITUTION		Swarthmor.		
Baltimore City Ho	250,7963		rol, give location)	
Mariane		773 PVIL	recton Au	4
SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED			If Under 1 Yr. If Under 24 H Months; Doys Hours; Min.
M Carcasión WI	DOWED, DIVORCED (specify)	70 102 Man 17	ost birthdoyl	Months Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10 B. KI		2/21/1903	62 /	12. CITIZEN OF
one during most of working life, even if retired)		The sixtiff LACE (Sible of foleig	II CECILITY	WHAT COUNTRY?
Accountant - self Co	C P.A.	Pa.		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
John C. Mac Alpine, Sr		Lillie B. Moo	070	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	01.4	ADDRESS
(es, no or unknown) (If yes, give wor or doles of se	SECURITY NO.			NOOKE O
No None		Baltimore City	Hospital Rec	ords
18.4-2011 1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			/	ONSET AND DEATH
LEADING TO DEATH	(A) Ce	roadry Oc	2605104	14000
(This does not meon the made of dying, heart failure, asthenio, etc. It meons the di	e.g., DUE TO	,		
injury or complication which coused death.				
ANTECEDENT CAUSES	(B)DUE TO	**************************************		************************************
DISEASES OR CONDITIONS, if any,				
rise la lhe obave cause (A) sloting			****	
Z OZUSE SIGNISIONE CONTRI	DUTING			7.50
O THE SIGNIFICANT CONDITIONS CONTRI	TO THE			
DISEASE OR CONDITION CAUSING II.	FOR WHICH OPERATION	120A ALITOREVA (V. a. Mail	208 IE VEC 11100	UDINGS CONSIDER
L 19A. DATE OF OPERATION 19B. CONDITION		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	
WAS PERFORME	218 81 4 65 65 111111111	1016 1016	710	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	flice bldg., INJURY OCCUR?	(It in Boltimore	City, give exact location)
DEATH (notify medical examiner) 10	etc.)			
O 21 D. TIME (Month) (Doy) (Year) (Hou	1) 21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY	While At Not Whil	e		
	Work Al Work			
22. I certify that (I) (this hospital) atter		11-22-65 19)ta	72-65-19
that (I) (we) lost saw the deceased aliv	e an 11-22-69	219and that	t in <u>(my</u>) (aur) aplni	on death accurred an the c
and haur and fram the causes stated abo				
23A. SIGNATURE		,	= toto	23 B. DATE SIGNED
Balent B	Kent M.D. Att	ending Med. S	toff	11-22-65
Probert of Parket R. 1	Phy	s. Director P	'nys. 🔲	
NAME (Type)	to t	23D. ADDRESS Baltimore Ci	to Hospita	43 -
Robert Kil	leul M.D.	particulars of	, 1 11-111-1	1
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR	EMATORY 24D. LO	CATION (City,	, town, or county) (Stole
REMOVAL (Specify) Removal 11/23/1964	4 4-2: 1 0	Design		
5A, DATE REC'D BY HEALTH DEPT. 25B, N	Arlington Come	tery Dre	exil Hill, P	ADDRESS.
		23C. TOTTERAL DIRECTOR	0	Baltings my
NOV 23 1965 P.C. & 2.	talke Ma	Wm. J. wich	und sono	month Ha a ave
/S 150-REV. 1/1/65				



	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO. 65 11973	CERTIFICA	TE OF DEATH	Registered Na.	14973
(Type or Print) NICHOLS, I	AVID M	2. DATE AN	19/65	7 AM M
FULL NAME OF HOSPITAL OR oddress or location	ition, give street		e deceased lived, If instit TY G	nution: residence before odimission) RAL ond give township)
4548 N.CHAR	ues st	D. STREET ADDRESS (If r	MOKE urol, give location) N.CHAR	15557
m w wid	RIED, NEVER MARRIED OWED, DIVORCED (specify) ARRIED	8. DATE OF BIRTH / 9	ost birthdoy)	f Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	EAL BOTATE	11. BIRTHPLACE (State or foreign	PA.	2. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME ROY NICHOL	S	14. MOTHER'S MAIDEN NAM ON ARGARGE	NE .	HEX
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of sen	16. SOCIAL SECURITY NO. 215-12-9023	50 W DR.	DAVID KIICH	ADDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE OF	EREBRAL THR		INTERVAL BETWEEN ONSET AND DEATH
(This daes not mean the made of dying, heart failure, asthenia, etc. It means the disciniury or camplicotion which caused death.) ANTECEDENT CAUSES	e.g., DUE TO	REBRAL ART. N ARTERIO.		4 XRS
DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating UNDERLYING CONDITION last.	iving the (c) SE	N ARTERIO.	sccerosis	?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE OBESIT	Y, CORONALY		
WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	Or obout 21 C. WHERE DID	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH? ty, give exect locotion)
DEATH (notify medical examiner)	home, form, foctory, street, off etc.) 21E, INJURY OCCURRED	21F. HOW DID INJU		iy, give exect locomon)
OF INJURY (APPROX.)	While At Work Not While At Work		RY OCCUR?	
22. I certify that (I) (this hospital) ottend	ed the deceased from	19	47 10 11/1	9 1965,
ond hour ond from the causes stoted obove	re. (1) (We) (did) (did not) vi	ew the body after death.		n death occurred on the date
23C. PHYSICIAN'S	Phys	Med. Director S	toff hys.	11/18/65
NAME (Type) ZE . T LI SAA 24A. BURIAL CREMATION, 24B. DATE 24	C. NAME & CEMETERY OF CREE	6804 PK	HT A	NE
BURIAL Specify) 25A. DATE REC'D BY HEALTH DEPT. [25B. NA)	DRUID RIDG	-(1)	ESULLE, M	own, or county) (Stote)
NOV 23 1965 PO 40	Z. D	Um Cook BR	OOKS Touson	LOSO YORK RD



	65 11974 BALTIMORE CIT	TY HEALTH DEPARTMENT 34355
- 11	BIRTH NO. M.E. CASE NO. CERTIFICA	ATE OF DEATH Registered 195
	1, NAME OF DECEASED (Type or Print) OFFUTT FRECEN	CK 2. DATE AND HOUR OF DEATH 6 44 PN
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If loo) Iside city limits, with RURAL and give township)
1	INSTITUTION	Cockeyson 1/2 3370
4	2 Divai Haspital	D. STREET ADDRESS (If rurol, give location)
	5. SEX 6. RACE 7. MARGIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9 AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	M Courcian MARRIED	12/1/06 59
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRI done during most of working file, even il retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	BUPT OF MAINTENAKE BALT COUNTY	14. MOTHER'S MAIDEN NAME
	NOAH OFFUTT	COMFORT COCKEY
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT AD ALL KOAD
	No	MR. NOAH OFFUTT COCKESYILE, MARYLAN
5	4 20.1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	cute Musicardial Inharotion
	(This daes nat meon the made of dying, e.g., heart failure, asthenio, etc. It meons the disease,	a A
	injury ar camplication which coused death.)	Pelmonary Edember.
	ANTECEDENT CAUSES (B) DUE TO	
3	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)	Torestous muscardial inforctions
	UNDERLYING CONDITION last.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B, PLACE OF INJURY (e.g.,	
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
,	MAS PERFORMED	
		, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?
3	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not Will Work Not Will At Work	
	22. I certify that (1) this haspital) attended the deceased from	5 50 p 1/2/1960 106 11/2 1965
	that (I) (we) lost sow the deceased alive on 11/2//65	19and that in my (our) opinion death occurred on the dat
	and hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter death.
	23A. SIGNATURE N.D. A. P.	thending Med. Stoff Phys. 23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	SANTORD LEVIN M.C	STAGO ASSIANT
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of C	AA.
		METERY COCKEYSUILLE, MARYLAND
	NOV 23 1865 P. 258, NAME OF REGISTRAR	UM COOK BROOKS TOWSON TOWSON, MD
	VS 150-REV. 1/1/65	WM. Cook BROOKS lowson Touson, Mb.

MARINE CART COURTY CONTROLL CONTROLL CONTROLL CONTROLL CONTROLL CONTROLL CONTROLL CONTROLL CONTROL CON

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FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT	- A 1 (2)(A)
	NO. 65 1197	CERTIFICA	TE OF DEATH Registered Na.	65 1.1.975
1.NA	or Print) Searce	F. Ecker	2. DATE AND HOUR OF DEATH	745 Am.
3. Pl	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whose decoosed lived. If i	nstitution: residence before admission)
H	JLL NAME OF (If not in hospital or institut OSPITAL OR addiess or location) STITUTION	ian, give sheet	C. CITY OR TOWN (If outside city limits, write	RURAL and give lawnship)
11/	1 . Ma	0	Timonem	2370
7	lower It ins		D. STREET ADDRESS (If rural, give location)	Rd.
5. SE		RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH 12/9/87 9. AGE (In years lost binhday) 57	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	hackment	UN COICITISENC	COCKEYSVILLE MARYLAND	U.S.A.
13. F	ATHERS NAME		14. MOTHER'S MAIDEN NAME	
	CLINTON ECK	ERT	SADIE SONAKTZ	
15, W	os Deceased Ever in U. S. Armed Farces? no ar unknown](II yes, give war ar dates of sarv	1 6. SOCIAL	17. INFORMANT	ADDRESS
	No	216-05-3365	MIS.C. ECKERT	SAME
	B. 4 20 / I DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH	ONSET AND DEATH
	LEADING TO DEATH	ia n	in ocarling when	fin:
	(This does not meon the mode of dying, heart foilure, asthenia, etc. It means the dise injury or complication which coused death.)			- E NOTE
	ANTECEDENT CAUSES	(B)		
	DISEASES OR CONDITIONS, if ony, gi rise to the obove couse (A) stating UNDERLYING CONDITION lost.	ving		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			u is
ERTIFIC	9A. DATE OF OPERATION 198. CONDITION I WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
0	RIA. ACCIDENT WAS UNDERLYING DECONTRIBUTING CAUSE OF DEATH (notify modical examiner)	21B, PLACE OF INJURY (e.g., inhome, form, factory, street, or etc.)	n or about 21 C. WHERE DID (If in Baltima ffice bldg., INJURY OCCUR?	re City, give exact lacetion)
10	ID. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.)	While At At Wark		, ,
	22. I certify that (this haspital) attend	ed the deceased fram	11/21/65 19 ta	745 1421/195
	hat (1) (we) last saw the deceased alive	11/- 1// -	19and that in(my) (inion death accurred an the date
	and hour and fram the causes stated above	e. (I) (₩a) (did) (d id==+) v		
	3A. SIGNATURE	M.D. Att.	onding Med. Stoff Phys.	23 B. DATE SIGNED
	CAC-PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS Menos	id Has justed
24A.		C. NAME OF CEMETERY OF CR	EMATORY 24D, LOCATION (C	City, town, or county) (State)
12	IDIAL Specify	In MENTALIEN	EMETERY COCKESSULLI	MARKINA
25A	DATE REC'D BY HEALTH DEPT. 258, NA		25C. FUNERAL DIRECTOR	APPRESS R
1.00	NOV 23 1965 A.O. A 2.	Farker AN	Jun. Cook Bennes Jouern	TOUSON MARKANTELIZE
VS 1	50-REV. 1/1/65			

CHANGE ELECT SHORE SOLVE and the Charles of the Court of and the second of the second of the second of the second

M.E. CASE NO. 1. NAME OF DE		976 CERTIFICA	TE OF DEATH Regis	stered No. 11976			
I. NAME OF DE							
	CEASED		2. DATE AND HOUR	OF DEATH			
(Type or Print)	Catherine	White	Nov. 21.				
3. PLACE OF D	EATH IN BALTIMORE MAR		14. USUAL RESIDENCE (Where decease	ed lived. If institution: residence before admissi-			
FULL NAME		r institution, give street	A, STATE B, COUNTY Maryland	13-04			
HOSPITAL OF		. Marian, give sheer	C. CITY OR TOWN (If outside city	limits, write RURAL and give township)			
A	2210 Ruskin	Ave.	Baltimore				
) 0			D. STREET ADDRESS (If rural, give location)				
			2210 Ruskin Ave				
5. SEX			B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24				
Male	Negro	Widowed (specify)	April 30,97 lost bights	oy) Months Doys Hours Min.			
		10B. KIND OF BUSINESS OR INDUSTRY		12, CITIZEN OF			
done during most o	of working life, even if retired)		N.C.	U.S.A.			
				0.D.A.			
13. FATHERS NA	AME		14. MOTHERS MAIDEN NAME				
ויף	nomas Foy		Josephine Mil	119			
5. Wos Deceose	ed Ever in U. S. Armed Force		17. INFORMANT	ADDRESS			
res, no of unknow	vn) (If yes, give wor or dotes	of service) SECURITY NO.	Clamence I. Bins	gham 2210 Ruskin Ave			
110 //							
18. 40	2011	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISEA	ASE OR CONDITION DIRE LEADING TO DEATH	CTLY	(6) all	2			
(This does	nal mean the made of a	dving ag	man co	vision 9 mos.			
heart failure	, asthenia, etc. 11 means 1	the disease,					
injury ar ca	implication which caused o	death.)	Coursela . ens				
	ANTECEDENT CAUSES	(8)					
DISEASES		DUE TO	A				
	OR CONDITIONS, if an		1 2 1	- 3/20/65			
rise la l	he obave cause (A)		yperterer	on 3/26/65			
rise la l	he obave cause (A) s		egperterer	ion 3/26/65			
rise la l UNDERLYIN	he obave cause (A) s NG CONDITION last.	stating the (C)	egserterer	on 3/26/65			
rise la l UNDERLYIN	he obave cause (A) : NG CONDITION last. II NIFICANT CONDITIONS CO DEATH BUT NOT RELAT	Stating the (C)	yperterer	ion 3/26/65			
VOLUMBER SIGNATION TO THE DISEASE OF	he obave cause (A) : NG CONDITION last, II NIFICANT CONDITIONS CO DEATH BUT NOT RELAT R CONDITION CAUSING IT.	ONTRIBUTING FED TO THE	120A AUTOPSY? (Yes or No) 20B IF				
VOLUMBER SIGNATION TO THE DISEASE OF	he obave cause (A) : NG CONDITION last, II NIFICANT CONDITIONS CO DEATH BUT NOT RELAT R CONDITION CAUSING IT.	ONTRIBUTING FED TO THE	20A. AUTOPSY? (Yes or No) 20B, IF	YES, WERE FINDINGS CONSIDERED THEYING CAUSES OF DEATH?			
HISE IG I UN DERLYIN OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF THE DISEAS	he obave cause (A) : NG CONDITION last, II NIFICANT CONDITIONS CO DEATH BUT NOT RELAT R CONDITION CAUSING IT. OF OPERATION 19B. COND WAS PERFO	ONTRIBUTING TED TO THE ONTON FOR WHICH OPERATION	IN CER	YES, WERE FINDINGS CONSIDERED THEYING CAUSES OF DEATH?			
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OTHER SIGN TO THE SIGN TO THE SIGN TO THE DISEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.) 22. I certife that (I) (we ond hour of 23A, SIGN AT 23C. PHYSICI	he obave cause (A) NG CONDITION last. II NIFICANT CONDITIONS CO DEATH BUT NOT RELAT R CONDITION CAUSING IT. OF OPERATION 19B. COND WAS PERFO ENT WAS UNDERLYING (Month) (Doy) (Year) Ty that (I) (this hospital) To lost saw the deceased and fram the couses state THE THE THE THE THE THE THE TH	ONTRIBUTING (ED TO THE ONTRIBUTING (E.g., i home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Not While Mark Olive on 1/20/65 Od obove. (I) (We) (did) (did not) v M.D. Attr. Phy	IN CER n or obout 21C. WHERE DID (Inffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCC 21F. HOW DID INJURY OCC 19 19 19 vlew the body ofter death. And Director Phys. 22D. ADDRESS	YES, WERE FINDINGS CONSIDERED INFYING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR? 19 23B. DATE SIGNED 11/22/65 (City, town, or county) (State			
TISE IN I UN DERLYIN OTHER SIGN TO THE DISEASE OF INJURY (APPROX.) 21A. ACCID OR CONTRIL DEATH (notil) 22D. TIME OF INJURY (APPROX.) 23C. PHYSICI NAME 1 24A. BURIAL CR REMOVAL BUY 18 25A. DATE REC'	he obave cause (A) so the course (A) so the cour	ONTRIBUTING ED TO THE ONTRIBUTING ED TO THE	IN CER n or obout 21C. WHERE DID (in the bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 19 19 19 19 19 19 19 19 1	YES, WERE FINDINGS CONSIDERED INFYING CAUSES OF DEATH? If in Boltimore City, give exact location) UR? 19 10 10 10 10 11 12 13 15 16 17 18 18 19 19 10 10 10 10 10 10 10 10			

1. NAME OF DECEASED					mber 1965	D DEAD	9:45 p.
ELLA HOLMES		EAD	I IICHAL DE				dence before admissi
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			A. STATE M	aryland	B. COU	NTY	dence before damissi
FULL NAME OF (IF NOT IN HOSPIT, HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GI	VE STREET		TOWN (If outside o	corporate limits, write	RURAL o	nd give township)
NSTITUTION	110117			altimore		14	7-17
Provident Hosp	ital			DDRESS (If rurol, gi	ve lacation)		100
/				24 N. Gilm			
5. SEX 6. RACE	7. MARRIED, NEVER A		8. DATE OF B	JRTH .	9. AGE (In years		r 1 Yr. If Under 24 H
female negro	Widowed Divorces	D (specify)	Sept.	19,1895	lost hirthday)	Months	Doys Hours Mir
IOA. USUAL OCCUPATION (Give kind of world		S OR INDUSTRY				12. CITIZI	EN OF
done during most of working life, even if retired)				Md.		U.S.	A .
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED			17. INFORMAN	NT.	1000	ADDRESS	
(Yes, no orunknown) (If yes, give wor or dote	218-1	NITY NO. 10-0582	EXIS C	lara Hol	mes 1224	N. C	Filmor St.
11B. 4.4.000			OF DEATH				INTERVAL BETWEEN
720,01		CAUSE	OI DEATH				ONSET AND DEAT
DISEASE OR CONDITION DI LEADING TO DEATH	RECTLY	Arterio	sclerot	ic heart d	isease		
(This does not mean the made of heart failure, asthenia, etc. It means injury or complication which caused	the disease,	DUE TO					
ANTECENDENT CAUSE	:S						
		DUE TO					
DISEASES OR CONDITIONS, IF A		DOF 10					
		DOF 10					

19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? no 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimare City, give exact location) location, form, foctory, street, office bldg., INJURY OCCUR?

20 A. AUTOPSY? (Yes or No) 20 & IF YES, WERE FINDINGS CONSIDERED

2TA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-21D TIME (Month) (Dov) (Year) OF INJURY

CERT

MEDICAL

(APPROX.)

(Hour) 21 E. INJURY OCCURRED m. WHILE AT NOT WHILE 21 F. HOW DID INJURY OCCUR?

22. I certify that I held an Inquiry resulted fram: Natural causes x

Inspection X Autopsy __ Accident Suicide

and that an this basis, death in my opinian Homicide Undetermined monner

ACTUAL 0661 SIGNATURE

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

DATE SIGNED 11/21/65

EXAMINER'S Charles S. Petty NAME (Type) 23A, BURIAL CREMATION, 238. DATE

23C. NAME of CEMETERY of CREMATORY

23 D. LOCATION (City, town, or county) (Stote)

Burial 24A. DATE REC'D BY HEALTH DEPT.

4/65 Mt Auburn Cem. 248 NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

Baltimore, Md.

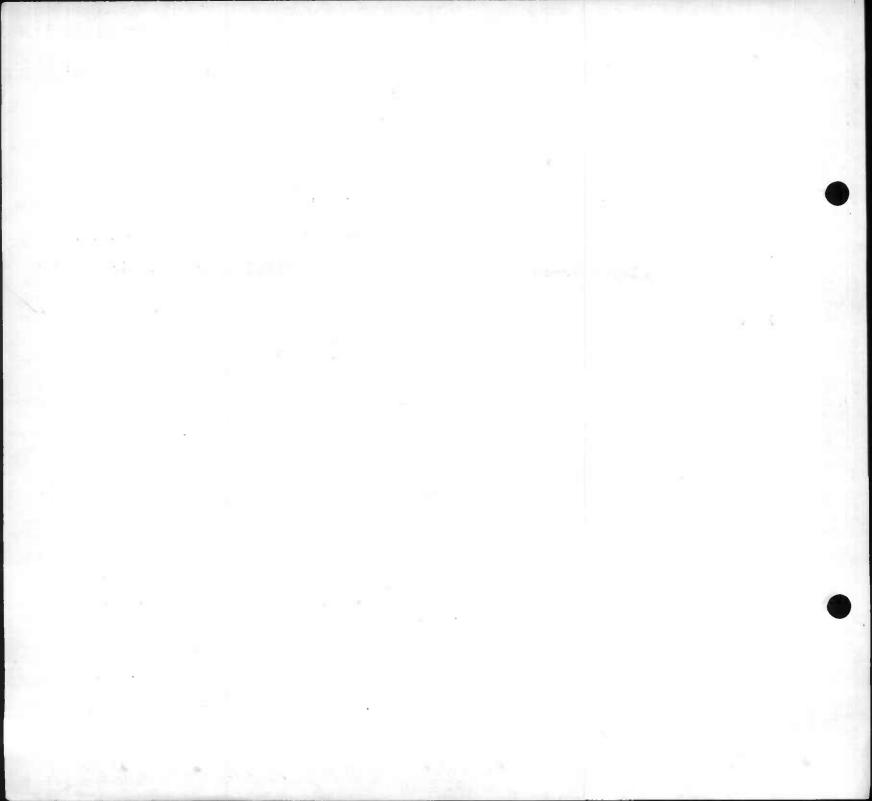
ADDRESS

VS 151-REV. 1/1/65

REMOVAL (Specify)

Bopt. 1). 195 C76 et 3-10-0552 Fix Orne Holman leer it william es.

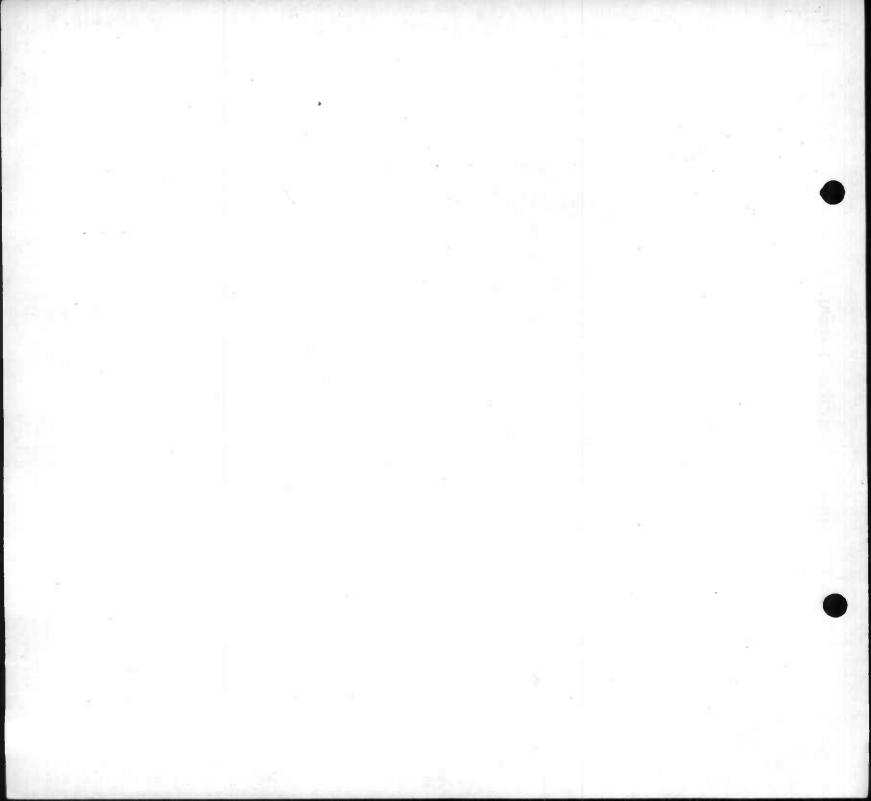
BIRTH NO	65 11978	CERTIFICA	ATE OF DEATH Registered No.	65 11978	
M.E. CA	SE NO. OF DECEASED		2. DATE AND HOUR OF DEATH	00 11070	
(Type or		Gneen		E 7.//E-	
3. PLACI	E OF DEATH IN BALTIMORE, MARY		November 22, 196	2:45p	
			A, STATE B. COUNTY	77 811	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)		Maryland	15-04	
	LITION	osmitni	C, CITY OR TOWN (If outside city limits, write	RURAL and give township)	
20	Provident H		Baltimore		
7	7 1514 Division Street Baltimore, Maryland 21217		D. STREET ADDRESS (If rurol, give location)		
- (1602 Clifton Aven		
5, SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 He Months Doys Hours Min.	
Mal	- 0-	single	Nov. 14, 1928 37		
		B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
_	ng most of working life, even if retired)	T-bouse	Y7		
	aborer ERS NAME	Laborer	Virginia	U.S.A.	
13t FAIR	EK 3 HAME				
	Albert Green	1	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Lottie Crawley	
15. Was	Deceased Ever in U. S. Armed Force: runknown) (If yes, give wor or dotes	? 16. SOCIAL	17. INFORMANT	ADDRESS	
			Rosa Hardy-aunt 1130	Phone: 523-	
18.	110001	CALLSE	OF DEATH	INTERVAL BETWEEN	
NO OTH	EASES OR CONDITIONS, if an la lhe abave cause (A) s DERLYING CONDITION last. II IER SIGNIFICANT CONDITIONS COLOR THE DEATH BUT NOT RELATE EASE OR CONDITION CAUSING IT.	aling the (C)			
	DATE OF OPERATION 198. CONDI WAS PERFO		20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
				e City, give exoct locotion)	
	TIME (Month) (Doy) (Year)	Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?		
>	NJURY ROX.)	While At Not WI			
1	(APPROX.) Work At Work 22. 1 certify that (1) (this hospital) attended the deceased from Nov. 22, 1965 to Nov. 22, 1965				
				NOV. 22, 19 65	
that	(1) (we) last saw the deceased	alive an NOV . 22,	19. 65 and that in(my) (aur) api	inlan death accurred an the d	
and	haur and fram the causes states	abave. (I) (We) (did) (did nat)	view the bady after death.		
23A.	SIGNATURE	0 0		23B. DATE SIGNED	
	L'a TABOS		ttending Med. Stoff plys. Director Phys.	Nov. 22, 1965	
23C.	PHYSICIAN'S	1-7	23D. ADDRESS	140 A & CC & TAO	
	NAME (Type)	ore/ M.E		44 70 10 7	
244 211	Roger Theod		IJIT DIVISION SCIECT-DAI		
	RIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (C	ity, town, or county) (State)	
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25A. DA		S. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to deat
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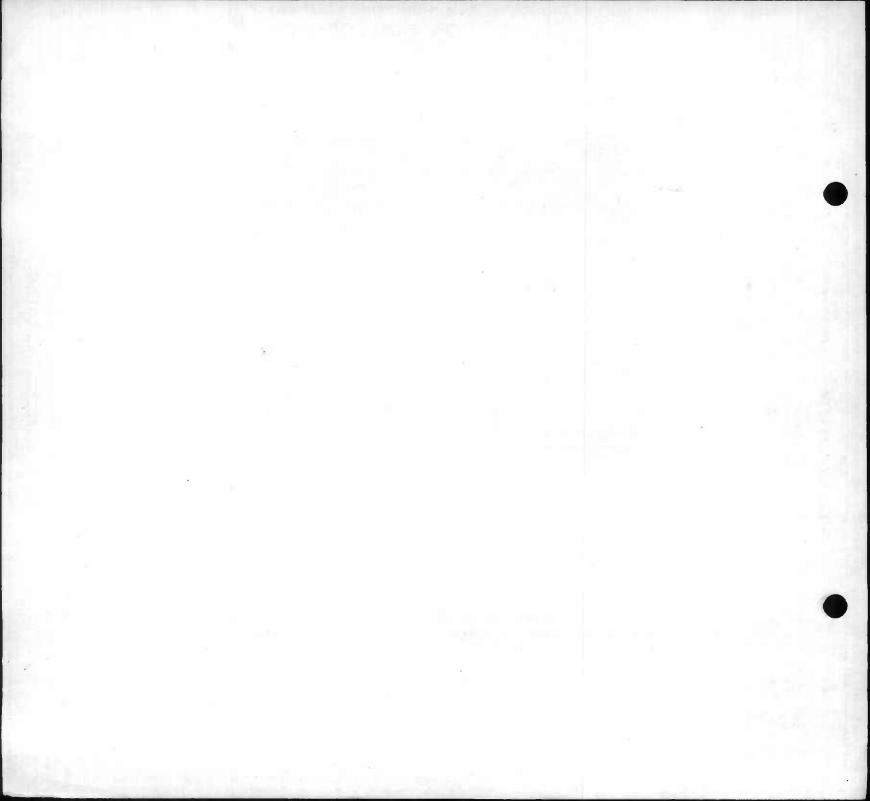
DIPECTOP

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY FULL NAME OF (If not in hospital or institution, give street oddress or location) (If outside city, limits, write INSTITUTION D. STREET ADDRESS timore, made 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy 3-4-8 Widowed .2 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even il retired) U.S.A. MARYLAND At home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOB CATHERINE Du LONG HEUSI 7. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL ADDRESS final (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. RECORDS: 4940 Eastern No Ave. CAUSE OF DEATH 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. before the 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION or Nol WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) DEATH (notify modical examiner) ofc.) MEDI obtained 21 D. TIME 21 E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22, I certify that (I) (this hospital) attended the deceased from pe that (I) (we) last saw the deceased olive on ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. Stoff M.D. Phy s. 11-19-1965 Phys. Director _ approval 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) G. Gey M.D. 4940 Eastern Avenue, Balto. Md. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimore Co. Md. Burial Oak Lawn Cemetery 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home Dundalk, Md. VS 150-REV. 1/1/65

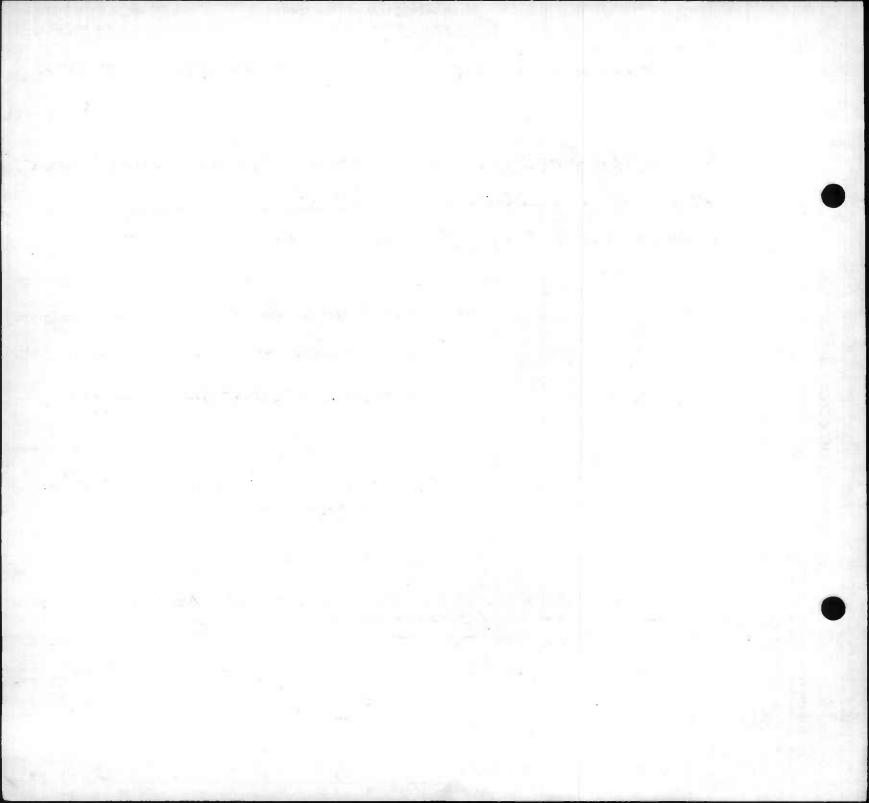


shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death IMPORTANT FUNERAL DIRECTOR: the body was released to the hospital by a medical examiner.

	BALTIMORE CITY	HEALTH DEPARTMENT						
	BIRTH NO. CERTIFICAT	TE OF DEATH Registered No.5	1198n —					
	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	744000					
	(Type or Print) HETTIE MORELA	ND. NOV 19, 1965	111:10 PM.					
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		on: residence before odmissign)					
	FULL NAME OF (If not in hospital ar institution, give street	ma BALTO.	1-01					
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURA	L orld give township)					
11	Md Gen. Hospital	D. STREET ADDRESS (If turol, give location)						
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Spo	BENJAMIN QUEEN	EL 12ABETH						
0	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS					
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010	NAME (Type) M.D.							
approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	MATORY 24D. LOCATION (City, to	wn, or county) (State)					
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RURIAL

/23/65 CATHEDRAL 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR

BALTIMORE, MD. 24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65

H.W. MEARS & SON 805 N. CALVERT ST.

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3. PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If i NTY	institution: residence before
FULL NAME OF (If not in hospital	or institution, give street	MD		130115
HOSPITAL OR oddress or locotic INSTITUTION			RURAL and give township	
ST. AGNES HOS	CATONSVILLE			
BALTIMORE, MA			frural, give location) OOD ROAD	
		8. DATE OF BIRTH		
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthday)	Months Doys Hours
F WHITE	WIDOWED	2-26-93	72	
10A, USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)		RY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	MARYLAND		US
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
FRANK DRUSHLER	(DECID)	CATHERINE	THUMAN	(DECID)
15. Was Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dot UNKNOWN	es of service) SECURITY NO.	ST. AGNES	HOSPITAL	DECOPOS
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(Тур	e or Printi) P	ILCHER, SR.	PRESTON WILLIAM		11-19-65	1:20A M	
	ULL NAME O	ATH IN BALTIMORE, MA	RYLAND or institution, give street	4. USUAL RESIDENCE (Whore doceased lived. If institution; residence before admission A. STATE B. COUNTY BALTIMORE			
H	OSPITAL OR	address ar tacation	1)	C. CITY OR TOWN (IF	autside city limits, write	RURAL and give tawnship)	
1	2	SI. AGNES	HOSPITAL		ZON (If rural, give lacotion)	NE 28 5300	
				21 ENJAY	VENUE		
	ALE	WHITE	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	11-17-16	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
		UPATION (Give kind of work working life, even if retired) ER ASSNUT	TELEPHONE CO.	11. BIRTHPLACE (Stole or f	oreign cauntry)	12. CITZEN OF WHAT COUNTRY?	
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5. SI	- 1 1	WIDO	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours
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15 V	VATHAW AC	KETT	1 6. SOCIAL	17. INFORMANT	-	ADDRESS
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11-22-65 1/163

Петеравичнай ССС.

HOTELSON HERONS ME SHOW SORE

IMPORTANT FUNERAL DIRECTOR:

was D.O.A. shows: (1) eceased 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

2015 July 3 and the first of the same of the first of the 2 m/m/n x

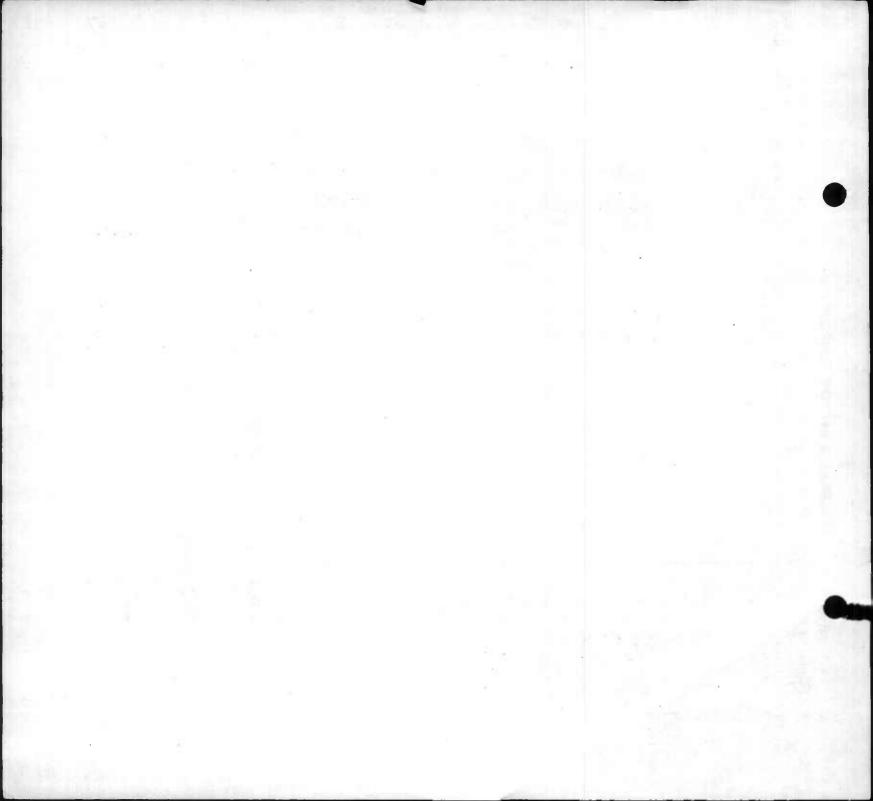
IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Writt

VS 150-REV. 1/1/65

			LTIMORE CITY H	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	65 119	CE CE	RTIFICAT	E OF DEATH	Registered Na,	3 3.1.004
1, NAME OF DECEA	Mary E. So	haiblain			HOUR OF DEATH	
B. PLACE OF DEAT	H IN BALTIMORE, MA				1-21-1965	nstitution: residence before odmis
				A. STATE 8. COUN	ITY	nstitution; residence before odmis
FULL NAME OF HOSPITAL OR INSTITUTION	oddress or location	or institution, give street			tside city limits, write	RURAL and give township)
A A	1404 Ваз	ronne Avenue	#6	Baltimore D. STREET ADDRESS (If	rurol, give location)	
00				liliOli Bayonne		
Female	White	7. MARRIED, NEVER M WIDOWED, DIVORC Widowed	ED (specify)	5-16-1878	9. AGE (In years lost birthday) 87	If Under 1 Yr. If Under 24 Months Doys Hours Mi
Housewi	rking life, even if retired) fe	Housewife		Baltimore Mary	yland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NAME		773 1	1	. MOTHER'S MAIDEN NA		
5. Was Deceased E	Millard	ces? 16. SOCIA	AL 1:	Mary F	R. Meeks	ADDRESS
Yes, no or unknown) (I No	f yes, give wor or dote		RITY NO.	Mr Joseph Stad	iter blob Ba	
1B. 5 5			CAUSE OF	-	2002 4404 20	INTERVAL BETWEEN
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OF INTITION	Month) (Doy) (Year)	(Hour) 21E INJURY C	CCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At	Not While		100	20101
22. I certify th	at (1) (this hospital) attended the deceas	ed fram	0200	19ta	102 21
that (I) (we) Id	st saw the decease	d alive an 20	00 20	19 6 J and th	at in (my) (aur) op	Intan death accurred an the
	0/3 ()	ed abave. (I) (We) (di	d) (did not) vie	w the bady after death.		
23A. SIGNATURE	of ord	celler	M.D. Attend	ling Med.	Stoff Phys.	23B. DATE SIGNED / 22-6.
23C. PHYSICIAN	P.Di	GLEG) M.D. /	D. ADDRESS	Cen au	e # Ball
4A. BURIAL CREMA	ATION, 24B. DATE	24C. NAME of CE	METERY OF CREM	ATORY 24D. L	OCATION (C	ity, town, or county) (Sto
Burial	11-24-1		d Cemeter	/	Ltimore Co.	Md.
NOV 2 4	1965 17 0_	25B. NAME OF REGISTR	AR make to work	25C. FUNERAL DIRECTOR	1.00	ADDRESS 3
1,0123	CONTRACTOR OF THE PERSON OF TH			John nas Danters	mer. VIJana	1 7 VALPADA, P.

25C. FUNERAL DIRECTOR ADDRESS Lasaahn Ferner Dame 7401 Relair Road



SD M

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH RIPTH NO. pital and of death Deceased Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH uo (Type or Print) Bertha Lawson 11-22-65 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) attendance A. STATE B. COUNTY Mt. Sinai Nursing Home (2) Md. Bal to. Cause (If not in hospital or institution, give street oddress or location) FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) canse; 0 INSTITUTION Baltimore prior Mt. Sinai Nursing Home D. STREET ADDRESS (If rural, give location) contributing (4) Undetermined Mc Cormick Ave. is made regular 5. SEX . RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. eceased WIDOWED, DIVORCED (specity) Months Doys lost birthdoy) Female White Widowed 5-17-78 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of working life, even it retired) Housewife Home Balto. Md MOTHERS MAIDEN NAME MOS the 13. FATHERS NAME direct Robert Councilman Lousia Fitch uo kind; 15. Was Deceased Ever in U. S. Armed Forces 7. INFORMANT final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance Mrs. Rose Carter 8315 Oakleigh Rd. None any CAUSE OF DEATH 10 Also, DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (This does not mean the made of dying, e.g., embal 0 heart failure, asthenia, etc. Il means the disease, injury at camplication which caused death.) 5 ANTECEDENT CAUSES regi are DISEASES OR CONDITIONS, if any, giving rise la lhe above cause (A) stating the physician UNDERLYING CONDITION last. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the (2) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) the 208. IF YES, WERE FINDINGS CONSIDERED O IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) hospital 2 DEATH (notity medical examiner) etc.) nature; 3 MEDIO obtained 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not White (except While Al (APPROX.) Work At Work and the any 22. I certify that (I) (this hospital) attended the deceased fram NOV that (1) (we) tast saw the deceased alive an and that in(my) (our) opinion death accurred on the date of hospital eat must and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. accident 23A. SIGNATURE 23B. DATE SIGNED Ö Attending Phys. M.D. Med. Stoff 10 approval Director Phys. 0 23D. ADDRESS 23 C. PHYSICIAN'S prior MOS to NAME (Type) D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION the body REMOVAL (Specify) written shows:

(City, town, or county) Councilman's Cemetery

REGISTRAR

25C. FUNERAL DIRECT VS 150-REV. 1/1/65

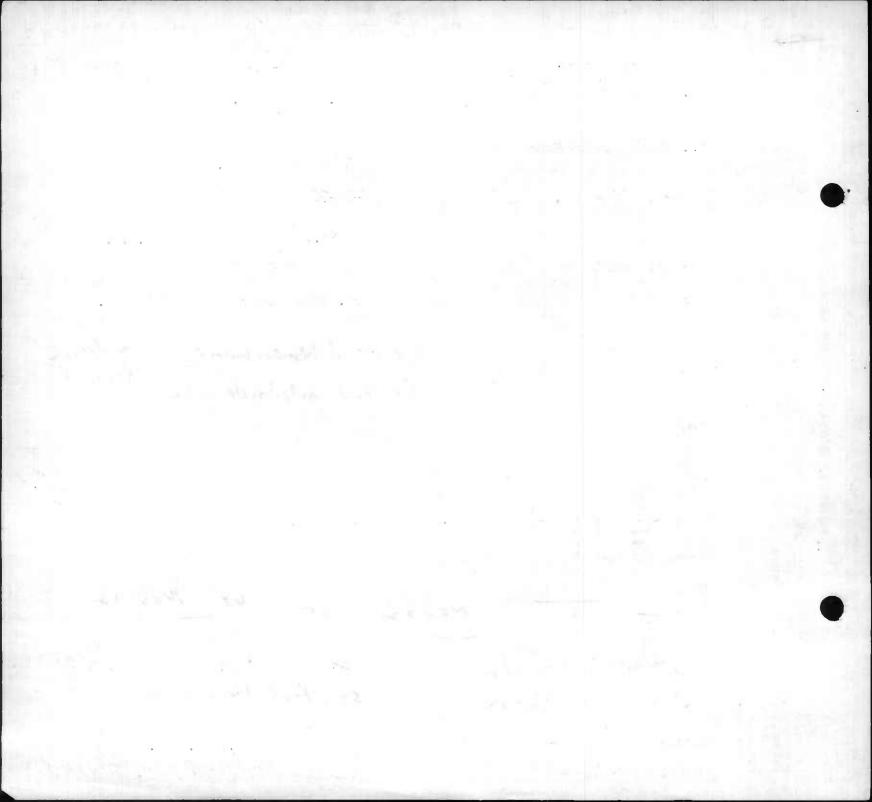
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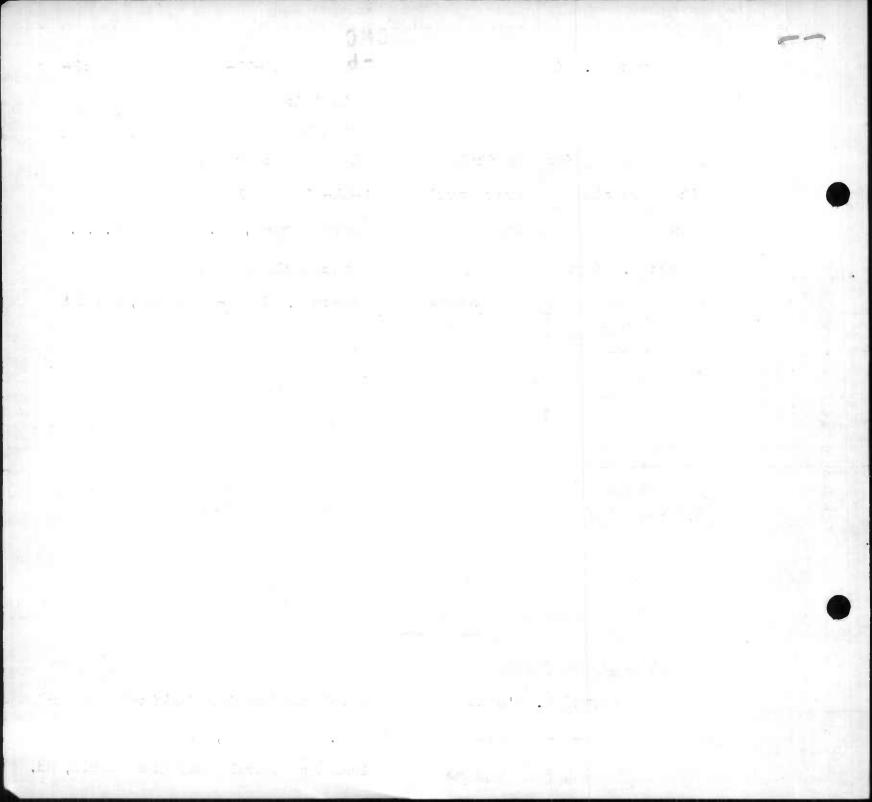
WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

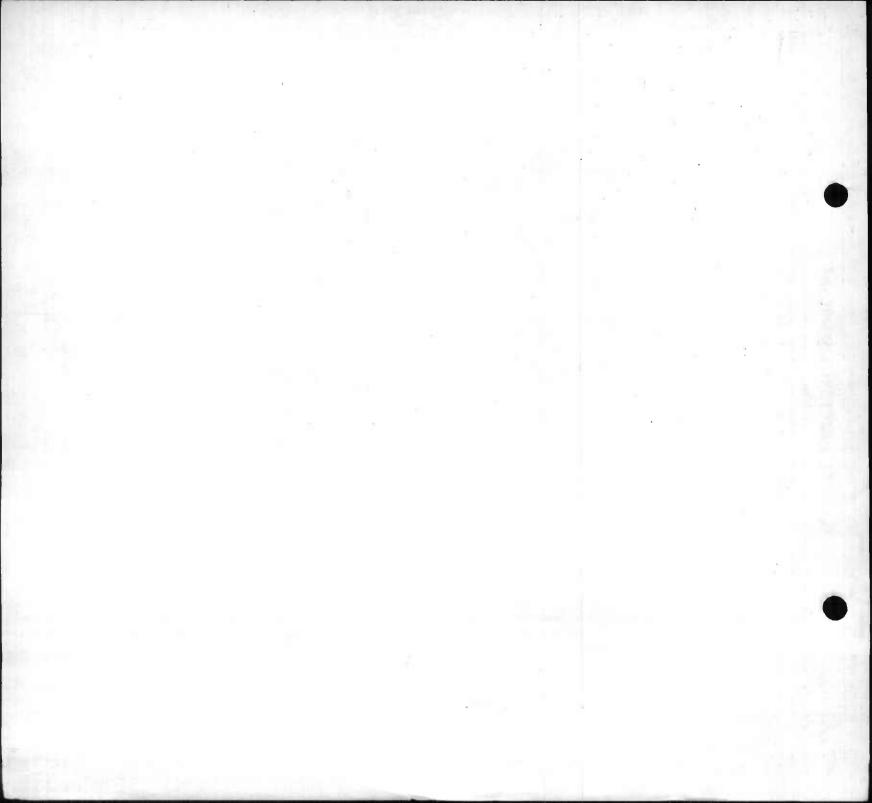


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3 6	N.	ancy E. Dig	gs WIAND	6	14. USUAL RESIDENCE (W	1-22-65	9:	
3. P	LACE OF DEA	TH IN BALTIMORE, MA	KILAND	e	A. STATE B. CO	UNITY	institution: residence bel	lore odmis
	ULL NAME O	F (If not in hospital and oddress or location		give street	Virginia			
	NSTITUTION	odgress or locollol	"			outside city limits, write	e RURAL and give town	ship)
2	5				Norfolk D. STREET ADDRESS	(If rurol, give location)	V - 7	0
7	The Jo	hns Hopkins	Hosp	ital	105 Dumon			
5. S		6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		Under 24
	hite	Female	Neve:	n married	2-11-62	3	Manths Doys Hot	Jrs Mi
		JPATION (Give kind of work working life, even if retired)	Noni		Newport Neu		12. CITIZEN OF WHAT COUNT	
13.	FATHER'S NAM	AE	1		14. MOTHER'S MAIDEN			
	Robert	E. Diggs			Nancy Nel	son		
15.	Wos Deceased	Ever in U. S. Armed Ford	ces?	1 6. SOCIAL	17. INFORMANT	3011	ADDRESS	
(Tes	, no or unknown	(If yes, give wor or dote		SECURITY NO.	Robert E. C	iggs - Nort	folk , Øirgi	nla .
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MEDIC	DISEASES OF THE DISEASE OF THE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	asthenia, etc. II means splicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) to conditions of the conditions of the condition of the	ony, giving stoling the ONTRIBUTING TO THE T	(B) DUE TO (B) DUE TO (C) (C) (C) (C) (C) (C) (C) (C	20A. AUTOPSY? (Yes or Yes in or obout ZIC. WHERE DID office bidg., INJURY OCCUR: 21F. HOW DID it is a series of the series of t	No) 20B. IF YES, WER IN CERTIFING CO. (If in Boltim INJURY OCCUR? 19 65 to 20 that in (my) (aur) a h. Stoff Phys Hopkins M&	auses of Death? Dore City, give exect local loc	19 Ew

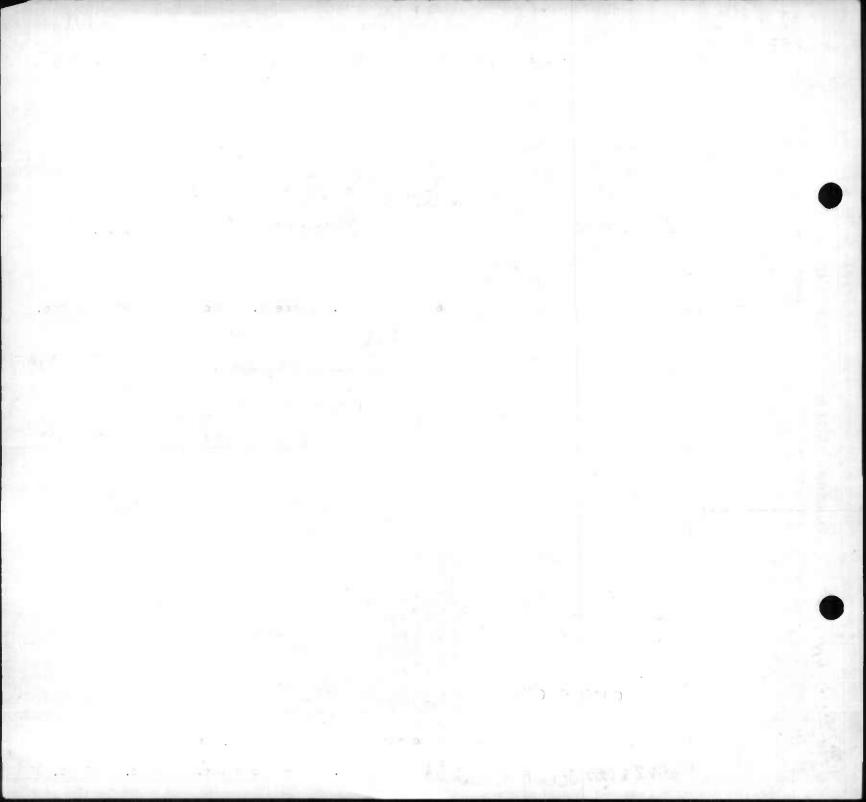


FUNERAL DIRECTOR: IMPORTANT d by the chief medical examiner or his assistant if deat

	65 11000	Y HEALTH DEPARTMENT
	E CASE NO.	ATE OF DEATH X Registered No. 55 11990
1. N.	AME OF DECEASED	2. DATE AND HOUR OF DEATH
	PLACE OF DEATH IN BALTIMORE MARYLAND	1 1 1965 P. 45 P. 14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission
	THE COLUMN THE PROPERTY OF THE	A. STATE B. COUNTY
Н	FULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
11	NSTITUTION	BACTIMIPE 53-00
	Munim Mun Hospital	D. STREET ADDRESS (If rurol, give location)
		POPLAR HILL ROAD
	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	WILL OCCUPATION (GIVE kind of work 10 B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) [12. CITIZEN OF
	e during most of working life, even if retired)	WHAT COUNTRY?
	RETIRED FARMER SELF EMPLOYED	MARY CAND U.S.A.
3. [FATHER'S NAME	
	OLIVER GRIMM	SARAH BULL
5. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Um known .	Step. DAUGHTER Sum as above
	420,1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	onary heart disease
4	(This does not meon the mode of dying, e.g., (A) DUE TO	
	heart failure, asthenia, etc. It meons the disease, injury or camplication which caused death.)	incardial significancy
	ANTECEDENT CAUSES (8) DUE TO	10000000
	DISEASES OR CONDITIONS, if ony, giving	imman lideur ospiration
	rise to the abave cause (A) staling the UNDERLYING CONDITION last.	mumme.
ATION	TO THE DEATH BUT NOT RELATED TO THE	cenal artery ostital Duty
CAI	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
ERTIFIC	Donne WAS PERFORMED mane	IN CERTIFYING CAUSES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Baltimore City, give cost locotion) office bldg., INJURY OCCUR?
CAL	DEATH (notify medical examiner)	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	(APPROX.) While At Work At Work	k
	22. I certify that (1) (this haspital) attended the deceased from	10/25/65 19 to 11/9/65 19
	that (I) (we) lost sow the deceased alive on 11/19/62	19 65 and that in (our) opinion death occurred on the do
	ond hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter deoth.
	23A. SIGNATURE	23B. DATE SIGNED.
	Harry C. feet for M.D. A.	tending Med. Staff. Phys. Phys. 1//20/6)
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	Daniel C. Prieto, Jr.	
24 A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, lown, or county) (State)
1	BURIAL NOV. 23 1965 POPLAR EROVE	CEMETERY COCKEYSVILLE, MD.
25A	A. DATE RECO RY HEALTH DEPT 258, NAME OF REGISTRAR	25G. FUNERAL DIRECTOR ADDRESS
15	111 . a 1 1000 Alberton E' darrechtil	John June Sous, Couson, Pla.
15	150-REV. 1/1/65	



VS 150-REV.



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

	BALTIMORE CITY HEALTH DEPARTMENT	CE ALOGO
M.E. CASE NO. 65 11392	CERTIFICATE OF DEATH	Registered No. DO 11992
(Type or Print) SChmu. F.F. 10	44 F- Fr. 2. DATE AND	12, 1965 455 P. M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. Il institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give s HOSPITAL OR oddress or location) INSTITUTION	tree! MaryL	and de city limits, write RURAL and give township)
24 Bon Secours	(+ OSP. D. STREET ADDRESS (11 TU)	MOVE 2/27
	711 W	alnut Avenue
5. SEX 6. RACE 7. MARRIED, NEV WIDOWED, DIV		AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSI done during most of working life, even if retired)	NESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
Maintanance May Die.	CO- Baltimor	e Md. U.S.
fal. Salver		Parcel
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(II yes, give wor or dotes of service)	OCIAL BECURITY NO. 17. INFORMANT	A ADDRESS Burners
m0 -	- Dura Doris	Johns 3 merley neck Pd
18. 204.0	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) HTE lect ASIS OF LUNGS AN	D BRONCHO- I days
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	01 : 1	Preurionin
ANTECEDENT CAUSES	(B) CHPONIC LYMPHALIC	LEUKEMIA ZAHYS
DISEASES OR CONDITIONS, if any, giving	7	
rise Ia the abave cause (A) stating the UNDERLYING CONDITION last.	(C)	
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
198. CONDITION FOR WHICH	OPERATION 20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF Local Control (notify medical examiner)	E OF INJURY (e.g., in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJU	RY OCCURRED 215. HOW DID INJUR	Y OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU OF INJURY (APPROX.) While At	Not While At Work	
22. I certify that (I) (this hospital) ottended the de	ceosed from 11 22 19	65 10 11. 77 1965.
that (I) (we) last saw the deceased alive an	1. 2.2 19 65 and that	in(my) (aur) opinion dooth accurred on the date
ond hour and from the causes stated above. (1) (We) (did) (did nat) view the body ofter deoth.	
23A. SIGNATURE	And a second	23 B. DATE SIGNED
m. Bockmer	Phys. Director Ph	11,22,1965
23C. PHYSICIAN'S NAME (Type) MERAL BODMER	M.D. BON Sec	cours Hospital
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	CEMETERY OF CREMATORY 24D. LOC	CATION (City, town, or county) (Stote)
Burial 11 \$6/65 Nov	Clawn Com. No	edlawn md - 1.
NOV 2 4 1965 A C. By E Standard	25C. FUNERAL DIRECTOR	P O ADDRESS / DA

Address of the second section

Mr Bookmer

any nature; (2) Bod

the body was released to shows: (1) An accident of was D.O.A. at a hospital

This certificate must be

(except where the

1				BALTIMORE CIT	Y HEALTH DEP	ARTMENT			
	RTH NO.	65 1:	1993	CERTIFICA	TE OF I	DEATH	Registered Na	65 11993	
1.	NAME OF DECEASE			LIAM B.			HOUR OF DEATH	1:55 A	M
3,	FULL NAME OF HOSPITAL OR	(If not in hospital and oddress or location	or institution, give)		Maryla c. cin on i	ind own (If out	TY side city limits, write R	titution: residence before admis	
1	31				106 E	Madison	orol, give locotion) Street		
		white		VER MARRIED DIVORCED (specify)	B. DATE OF B	18th 28, 1911	ost birthdoy) 54 yrs	If Under 1 Yr. If Under 24 Months Doys Hours Mi	Hrs.
do	A. USUAL OCCUPAT ne during most of working ainter			Contracters	11. BIRTHPLA	-	gn country)	12. CITIZEN OF WHAT COUNTRY?	ľ
I 15.	Bartholmew Wos Deceased Ever	Pitchalonis in U. S. Armed Forces, give wor or dote:	s of service)	SOCIAL SECURITY NO.	Eva Gra	NT		ADDRESS	
-	no		178-0	05-6888	Albert V	. Pitcha	lonis, 2614	McElderry Stree	et
	DISEASE O	R CONDITION DIR DING TO DEATH	ECTLY			latory	Collaps	ONSET AND DEATH	
	heart failure, asth	nean the mode of enio, etc. It means atian which coused	the disease,	DUE TO	N- :	1	00000000		********
	DISEASES OR	ECEDENT CAUSES CONDITIONS, if of bove couse (A) DNDITION lost.		(C)_O	the As	censh	ing Aort	e 8 hours	`
ATION	TO THE DEAT	II ANT CONDITIONS CONTROL NOT RELATED TO THE PROPERTY OF THE P	TED TO THE						

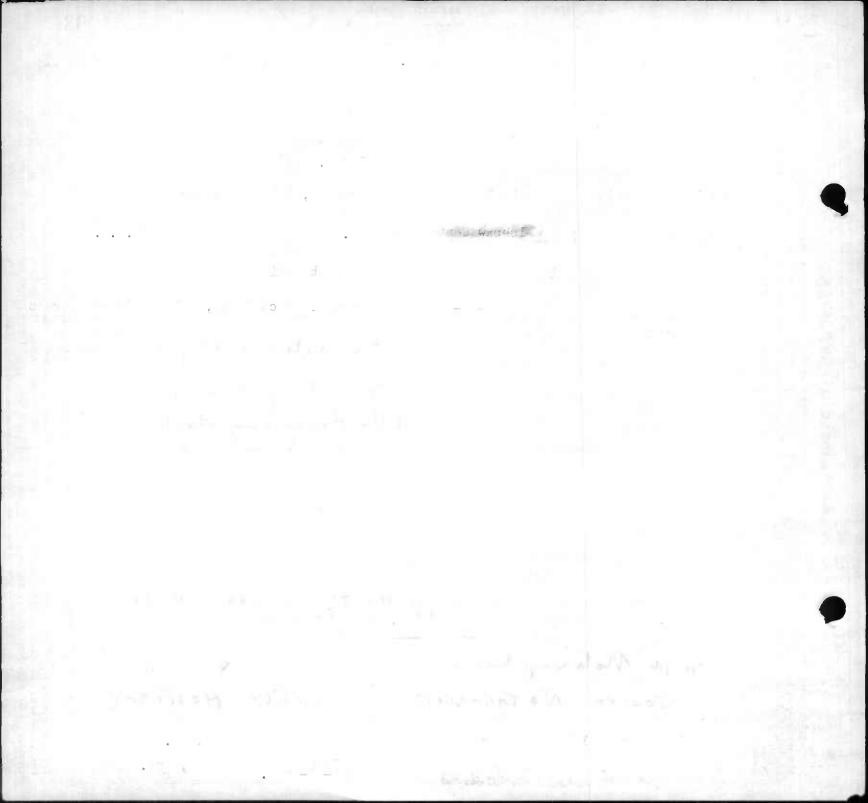
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? deceased prior to death); and (6) No physic written approval must be obtained before th CERTIFIC ES 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner 21D. TIME OF INJURY (Month) (Doy) (Year) 21E, INJURY OCCURRED (Hour) 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from 65 that (1) (we) lost saw the deceased alive on ond that in (my) (our) opinion death occurred on the date ond hour ond from the couses stated obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED 11-23-1965 M.D. Attending Phys. Med. Director Staff Phys. 238. PHYSICIAN'S 23D. ADDRESS NAME (Type) NO TARANGELO M.D. HOSPITAL MERCY JOSEPH 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 65 Baltimore Cemetery

258. NAME OF REGISTRAR

250. FUNERAL DIRECTOR

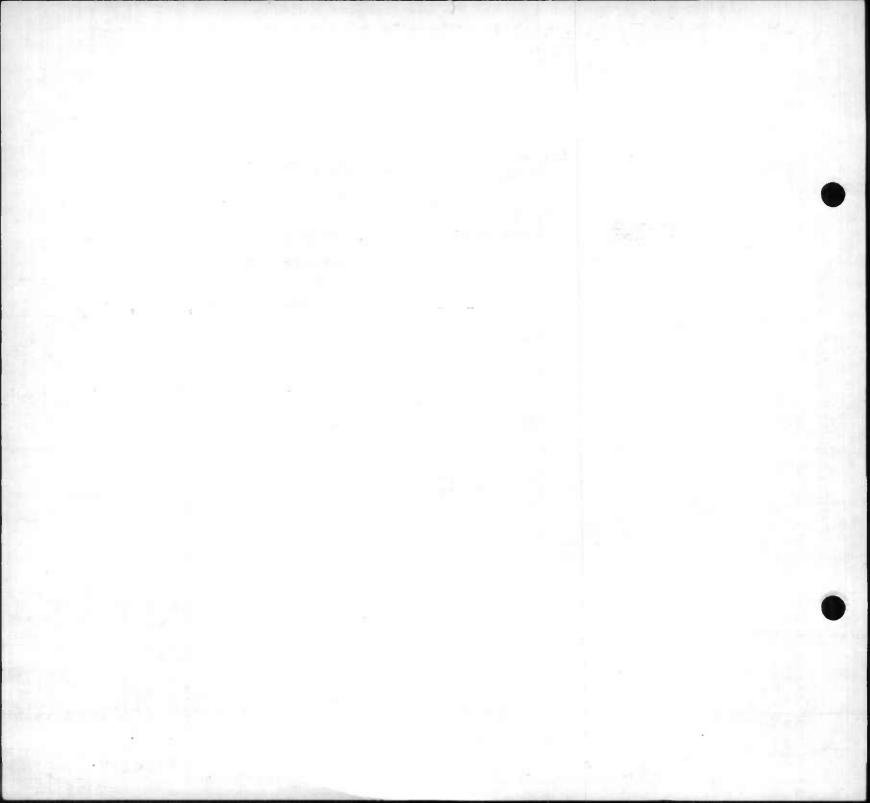
Schimunek Funeral Home Inc.
2601-03-05 E. Madison Street 24D. LOCATION (City, town, or county) (State) 11/26/65 Burial ADDRESS

VS 150-REV, 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. TO ALL THE ALL QUA CEPTIFICA		
	TE OF DEATH Registered No.	11001
I. NAME OF DECEASED Anthony	2. DATE AND HOUR OF DEATH	11004
TGNATIUS NAU	NO VEM BERZO	19 WT 4.20 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whore docoused lived. If insti	ution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	M D I	1
HOSPITAL OR oddress or locotion)	C. CITY OR 19WN (If outside city limits, write RU	RAL and give township)
12	Paltimora	
TSOUTH BALTIMOREGENERAL HOSDITAL	D. STREET ADDRESS (If surel, give location)	
HOSPITAL	3906 MARX AVE	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
MARRIED MARRIED	October 18,902 63	
I IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired) Finnegan RANGER 2300 Club	Baltiman Mal	41.5
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Nau	Barbara Spahn	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
216-10-8242	Edna Schroeder Nau, wi:	fe, above
1B. / 7 7 V 1 CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0 1 1/1	ONSET AND DEATH
LEADING TO DEATH	merchzed Metastases	1 Thomas
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	. 0	
injury or complication which caused death.	arcinoma of Prostate	18 Months
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, if any, giving ise to the above couse (A) stating the (C)	Tone	
UNDERLYING CONDITION last.		~# * # # # # # # 0 0 0 0 0 # # # 1100 0 0 0 0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
TO THE DEATH BUT NOT RELATED TO THE	120 A ALLEGREYS (V M.) 200 IP VEC MEDE EN	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
194. Date of Operation 198. CONDITION FOR WHICH OPERATION WAS PERFORMED NO EDICATION	YES IN CERTIFYING CAUS	ES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT W	YES IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH? If S ity, give exoct locotion)
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., of home, form, foctory, sheet, of the control of the c	n or obout 21C. WHERE DID (If in Boltimore of INJURY OCCUR?	ES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, sheet, of the control of the c	in or obout 21C. WHERE DID (If in Boltimore of INJURY OCCUR?	ES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. PLACE OF INJURY (e.g., ill home, form, foctory, sheet, of the condition of	n or obout 21C. WHERE DID (If in Boltimore of the bidg., INJURY OCCUR?	ES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i) home, form, foctory, sheet, of the control of the c	n or obout 21C. WHERE DID (If in Boltimore of the bidg., INJURY OCCUR?	ES OF DEATH? ES ity, give exact locotion) Couden
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. PLACE OF INJURY (e.g., ill home, form, foctory, sheet, of the condition of	in or obout 21C. WHERE DID (If in Boltimore 9)	ES OF DEATH? [= S ity, give exact location) Couden A rembar 2, 1965.
19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examine) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased olive on ond hour and from the causes stated above. (I) (We) (did) (did att) was	IN CERTIFYING CAUS n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? P 19 (c + 19 to No. 27,19 00 ond that in(my) (900) opinion	ES OF DEATH? [= S ity, give exact location) Couden A rembar 2, 1965.
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Such

		BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH N	0. 3 65 11	995 CERTIFICA	TE OF DEATH Registered No.	5 11995
M.E. CA 1, NAME (Type or	OF DECEASED	C. Marx	2. DATE AND HOUR OF DEATH	1
CE FULL HOSP	RTIFICATE NAME OF III not in hospitol oddress or locotion	AMENDED or institution, give site	4. USUAL RESIDENCE (Where deceased lived. If in A, STATE B, COUNTY Md. C. CITY OR TOWN (If outside city limits, write)	120-36
bi	416 Drury L	ene	Balto. D. STREET ADDRESS (If rurol, give locotion) 416 Drury Lane	
		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	Feb. 20/98- 9. AGE (In years lost biphoty)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ing most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY Own Home	Md.	12. CITIZEN OF
	ard Connolly		Elizabeth Lacy - LAC	Y
15. Wos (Yes, no c	Deceosed Ever in U. S. Armed Forton unknown) (If yes, give war or dote	s of service) SECURITY NO.	17. INFORMANT Edward I. Marx, 1107 Gr	anville Rd
heo inju DIS rise	is does not mean the made of our failure, asthenia, etc. It means any or complication which caused ANTECEDENT CAUSES EASES OR CONDITIONS, if to the above cause (A) DERLYING CONDITION last.	Ihe disease, dealh.) (8) DUE TD any, giving	Coremany Certary Dispase	- Years
ATT DIS	HER SIGNIFICANT CONDITIONS C THE DEATH BUT NOT RELA SEASE OR CONDITION CAUSING I	TED TD THE		
ERTIFIC 19A	DATE OF OPERATION 198. CON WAS PERF		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21 A OR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or obout 21C. WHERE DID (If in Boltimore fice bldg., INJURY OCCUR?	e City, give exoct locotion)
SOF	· TIME (Month) (Doy) (Year) INJURY PROX.)	(Hour) 21E, INJURY OCCURRED While At Not While At Work		
tha	1 certify that (1) (this hospital t (1) (we) last saw the decease haur and from the causes state SIGNATURE	ed abave. (1) (We) (did) (did not)	ending Med. Stoff	nion death accurred an the date
	PHYSICIANS NAME (TYPE) . J. NOL		Baltimore Med 210	ity, town, or county) (Stote)

burial 11/24/65 New Cathedral 25A. DAI

Bal timore

ADDRESS

VS 150-REV. 1/1/65

4101 E Witzke F.D.

dmondson Ave

V.S. 153

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and El the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the S deceased prior to death); and (6) No physician was in regular attendance on the R written approval must be obtained before the remains are embalance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

M.E.	AME OF DEC	CEASED			12 DATE	AND HOUR OF DEATH	H
	e ar Print)		Cassie	E.	2. 54.12	11/22/65	10/25 1
FI	ULL NAME OF DE	OF Office of the second of the	or institution, go CITY HOS	SPITALS 10	MARYLAND C. CITY OR TOWN (IF BALTIMOR) D. STREET ADDRESS	Outside city limits, write	e RURAL and give township)
5. \$1	X	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr., If Under 24
Fe	emale	White	Widowed	Wed Ispecify)	5/9/89	76	Months Days Hours M
lone		UPATION (Give kind of work working lite, even if retired)	Own H		Virginia	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	athers Na	ME Bluford			Mary		
5. V Yes,	Vas Deceosee no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT RECORDS: BCI	H 4940 Easter	rn Avenue, Balto, M
1	1B. 2	60 VI		CAUSE	DF PEATH	_	INTERVAL BETWEEN
	DISEA	SE OR CONDITION DIE	RECTLY		Dann.		ONSEL AND DEATH
	(This does	nol mean the mode of	dvina a a	DUE TO	1.11000000	0000	Louis .
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

\$ 65 11997	BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO. D	CERTIFICA	TE OF DEATH	Registered N	85 11997
M.E. CASE NO. 1. NAME OF DECEASED			AND HOUR OF DEA	OU TIOU
(Type or Print)			AND HOUR OF DEA	TH S
CEORGE	Earl KE	mp. II	121 165	/ PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. CO	Where deceosed lived. I DUNTY	I institution: residence before odmission)
FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location)	ution, give street	many La	IND	te RURAL and give township)
INSTITUTION DEL SEA	s Hospital	BALTIM	DPS 2	11220.53
Du Jecoan	3 (103 prim	D. STREET ADDRESS	(If rural, give location)	
5- SEX 6- RACE 17- MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	DONCLIFE	Que NOE.
	OWED, DIVORCED (specily)	1122104	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108. KIN		11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF
done during most of working life, even if retired)		-	Λ.	WHAT COUNTRY?
alesman		Baltimo		4.5.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
60,000 6000		1	Distance	
15. Was Deceased Evel in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	DOIGNS!	ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of ser	vice) SECURITY NO.	THE STATE OF THE S		ADDRESS
DNKNOWN	215 05 7576	Mrs. Emma I	Cemp. 1519	Woodcliff Ave
18. , / 5 0 0		F DEATH	-0.11.0	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	C	2000 1/2	Dr. Da Ac	on and d
This does not mean the mode of dying,	e.q., DUE TO	ereury vo	ocular Ac	- 194V-
heart failure, asthenio, etc. It meons the dis				
injury or camplication which caused death.)	1	lania a ala	which Hes	ato:
ANTECEDENT CAUSES	(B)	Treate 2 car	corec HO	C T LULLICE
DISEASES OR CONDITIONS, if ony,	giving	1		
rise to the above cause (A) stating	the (C)	Ch Glestine	Lailu	9
UNDERLYING CONDITION last.		0	(
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING			
TO THE DEATH BUT NOT RELATED TO	OTHE			
19A. DATE OF OPERATION 198. CONDITION		20A. AUTOPSY? (Yes o		RE FINDINGS CONSIDERED
198. CONDITION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING		No	IN CERTIFYING	CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE DI	D (II in Boltin	note City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR	?	and any, give exocitoconom
21D. TIME (Month) (Doyl (Year) (Hour)	21E. INJURY OCCURRED	21F HOW DID	INJURY OCCUR?	
5 01 11130 11	While At Not Whi		HOOKI OCCOR:	
(APPROX)	Work At Work			
22. I certify that (I) (this hospital) atten-	ded the deceased from	11. 10.	1965 ta	11.21 1965
	11 -	1 10/20		
that (I) (we) last saw the deceased alive	an	and	that in(my) (aur) o	pinion dooth occurred an the date
and hour and from the causes stated aba	ve. (1) (We) (did) (did nat)	view the bady after dea	th.	
23A. SIGNATURE			1	23B. DATE SIGNED
XM. XL ASI	ALLE M.D. AH	ending Med. Director	Stoff S	11.21.1965
(/ * / 6 / * / * / * /	Phy		Phys.	111011/03
23C-PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	M.D.			
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 241	. LOCATION	(City, town, or county) (Stote)
REMOVAL (Specily)				
burial 11/24/65	Meadowridge	De	orsey, Howa	rd o.Md
25A. DATE REC'S NY HEAL 1965T. R. 058. N	ANT OF RECIPIENT A			ndson Areness
V\$ 150-REV. 1/1/65			- 7	

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711. Booking

IMPORTANT FUNERAL DIRECTOR:

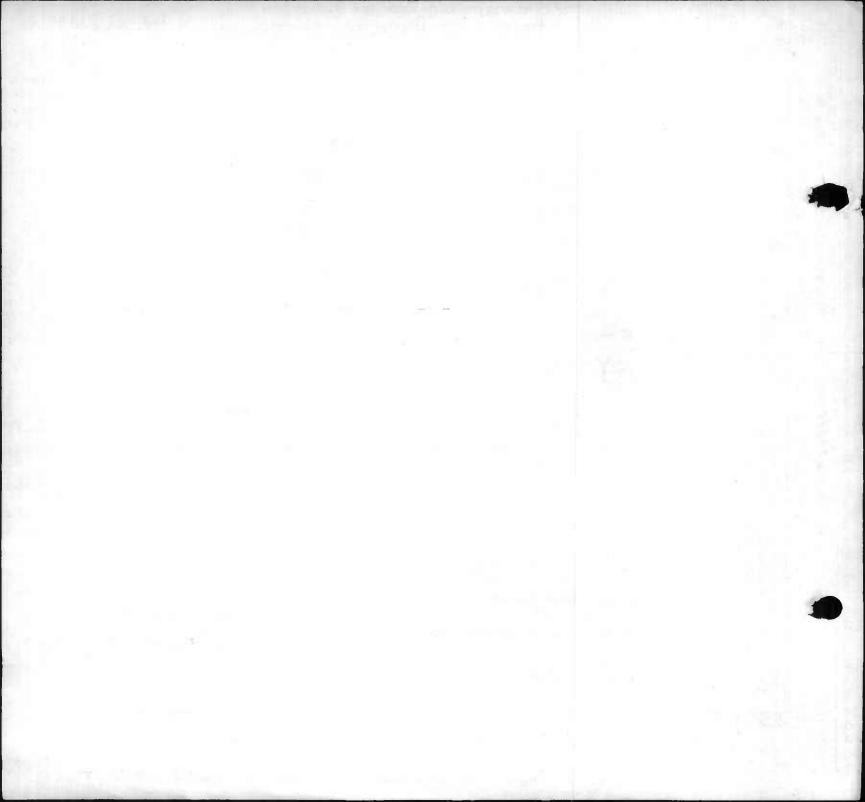
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner.

VS 150-REV. 1/1/65

Such

	BALTIMORE CITY	Y HEALTH DEPARTMENT		CE 44000
BIRTH NO. 65 1199	8 CERTIFICA	TE OF DEATH	Registered No	65 11998
M.E. CASE NO.	0 021(1110)		AND HOUR OF DEAT	La Company
(Type or Print)		Z. DATE	AND HOUR OF DEATH	200
3. PLACE OF DEATH IN BALTIMORE MARYLANI		TA USUAL DESIDENCE OF	20/6)	institution: residence before odmission)
		A. STATE B. CO	UNTY	A South Control of the State of
FULL NAME OF (If not in hospital or instit	lution, grve street	Maryland		4-12
HOSPITAL OR oddress or location) INSTITUTION			outside city limits, write	RURAL ond give township)
		Baltimore		3
12		D. STREET ADDRESS	(If rurol, give location)	. 11 /
7		755 W.	Lexinator 5	T. # /
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
11.	Married	1-13-34	3/	7,100,100
10A. USUAL OCCUPATION Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of f	oreign country)	12. CITIZEN OF
done during most of working life, even if retired)	na _{manan} ahka	11 41 (11		WHAT COUNTRY?
Truck Driver		North Caroly	sd.	U.S.
		14. MOTHER'S MAIDEN N	IMME	
ALLEN E RIPTON		LILA COOPE	ER	
15. Was Deceased Ever in U. S. Armed Foices? (Yes, no or unknown) (If yes, give wor or doles of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		MES RITE . DE	192 209 Ont	therine St.
18. 1 / / I	237-46-0792	Mrs Benita	Burton 755	W Lexington St
71/	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CI	· (1. t.	1 . Land	128 months
(This does not mean the made of dying,	e.g., DUE TO	inic Granvlorytic	-curenia	THUR (R)
heart failure, asthenia, etc. It means the di	sease,	J		
injury at camplication which caused death,	(B)			
ANTECEDENT CAUSES	DUE TO	பெற்கில் பெறியில் நின்றியில் செய்த்து அரசு சால்கள் அது ஆகும் குற்றன் ஆகு கடி அது அது ஆகு முடியில் இருவில் இருவ இது இருவில் பெறியில் நின்றியில் அரசு நடியில் அரசு குறியில் இருவில் இருவில் இருவில் இருவில் இருவில் இருவில் இரு		***************************************
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) stating UNDERLYING CONDITION lost.	g fhe (C)	POGGO		
II.				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONSIDERED
198. CONDITION WAS PERFORMED U. 21A. ACCIDENT WAS UNDERLYING	D		IN CERTIFYING C	AUSES OF DEATH?
	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR?	,	
O	21E, INJURY OCCURRED	215 HOW DID	INJURY OCCUR?	
OF INJURY			NJORT OCCOR:	
(APPROX)	While At Not Whi			
22. I certify that (I) (this hospital) atter	nded the deceased from		19ta	19
that (I) (we) lost saw the deceased aliv	e on	19 ond	that in (my) (our) or	ninion death occurred on the date
				printed de division de date
ond haur and from the causes stoted ob-	ove. (I) (me) (did) (did not)	view the body offer deat	h	23B, DATE SIGNED
23A. 31GNATURE 1 1 1 1	44.5	anding — Adad —	\$ 1000	23B. DATE SIGNED
Hount & Hander	runger M.D. Att	rending Med. Vs. Director	Stoff Phy s.	11/20/83
23C.PHYSICIAN'S NAME (Type)	0	23D. ADDRESS		/
17,700	M.D.			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 124D	LOCATION ((City, town, or county) (State)
REMOVAL (Specify)			,	
Burial 11/24/65		metry	Baltimore M	d
25A. DATE REC'D BY HEALTH DEPT.	AME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
THO A IS LOOK A POSITION	1		/	27 37 43 4

25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Adolphus Halstead 1206 W North Ave



was D.O.

VS 150-REV, 1/1/65

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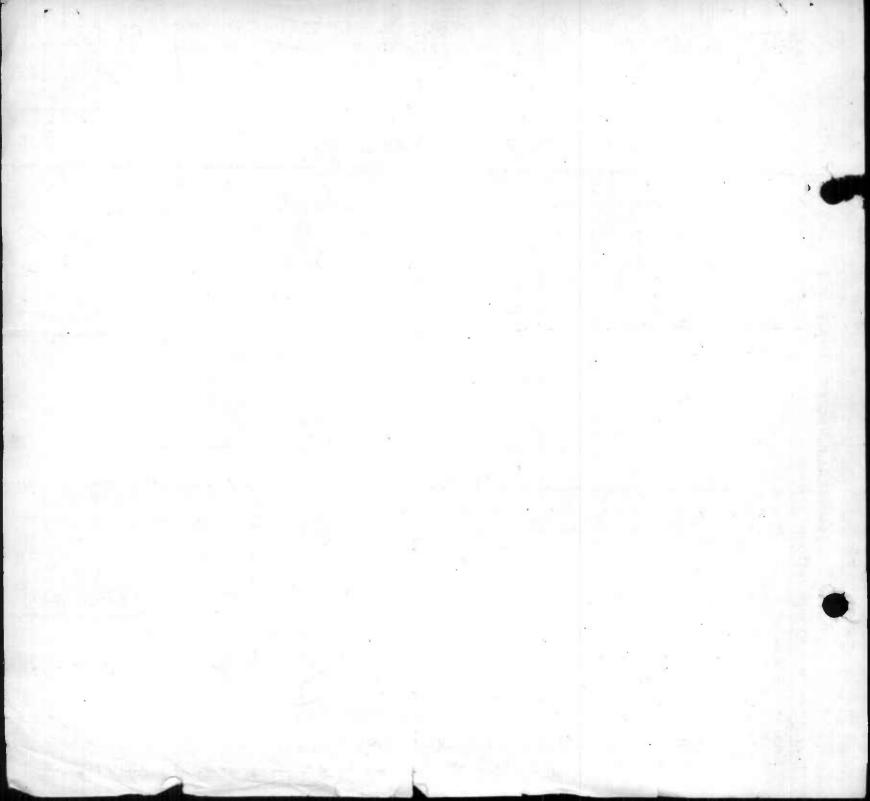
in regu

contributing occurred

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LING 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission FULL NAME OF HOSPITAL OR (If not in haspital or institution, give street address or lacation) (If outside city limits, write RURAL and give township) INSTITUTION FRANKLIH is mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years Il Under 1 Yr. If Und Months: Days Hours If Under 24 Hrs. Hours Min. last bighday WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF isposition dane during mast of warking life, even if retired), WHAT COUNTRY US Warehousenen 13. FATHER'S NAME 0 15. Was Deceased Ever in U. S. Afried Forces?
(Yes, no or unknown) (If yes, give wor ar dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, rise to the above cause (A) slating the UNDERLYING CONDITION last. before the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 11-15-65 neligno 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. MACE FINJURY (e.g., in or obout 21C. WHERE DID home larm, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact lacotion) DEATH (natify medical examiner) MEDIC obtained 21 D. TIME (Haur) 21E INJURY OCCURRED (Manthl (Day) (Year) 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Wark At Work 22. I certify that (I) (this bospital) attended the deceased fram 19 6V that (1) (we) last saw the deceased alive an... and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director approval 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type MONUTA 24A. BURIAL CREMATION, 24B. 24C. NAME at CEMETERY of CREMATORY deceased written 11/24/65 Mt. Calvary Cemetry
DEPT. 258. NAME OF REGISTRAR CEMETRAL DIRECTOR A County Md

ADDRESS

ADOLPHUS HALSTEAD 1206 W North Ave



The Many Exercises This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such accessed prior to death, such because the physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. GERTIFICA	ATE OF DEATH Registered No.	65 12000
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	00 12000 -
(Type or Print) Kae Lack non	11-22-63	12
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before edmission
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RL	JRALY and give township)
. Institution	Bootinono	But 1
4 Sina Hospital of Bult	D. STREET ADDRESS (If rurol, give Medicion)	RD
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	B. DATE OF BIRTH 9. AGE (In years lest binholy)	If Under 1 Yr. If Under 24 Hrs Months Deys Heurs Min.
toa. USUAL OCCUPATION (Give kind of werk 108, KIND OF BUSINESS OR INDUSTR dene during most of working life, even if retired) HOUSEWIFE AT HOME	BALTIMORE, MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME MOSES ROLL	14. MOTHER'S MAIDEN NAME SARAH KEMPER	
15. Wes Deceesed Ever in U. S. Armed Ferces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknewn) (If yes, give wer or detes of service) NO 212-21-7845	MR. JACK LACHMAN 602 FARM	HURST RD
The same of the sa	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ute Cerency Occhision	1/260
(This does not mean the made all dying, e.g., (A) DUE TO	or down	
heart failure, asthenia, etc. It means the disease, hinjury ar complication which coused death.)		10.
ANTECEDENT CAUSES) () 3	1090.
DISEASES OR CONDITIONS, if any, giving		
rise to the above cause (A) stelling the UNDERLYING CONDITION last.		**************************************
11 = 1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	uelitus	
19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes er Ne) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A.YACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF heme, ferm, foctory, street, etc.)	in er ebeut 21 C. WHERE DID (If in Bolishore office bldg., INJURY OCCUR?	City, give exect tocetien)
O 21D. TIME (Month) (Dey) (Yeer) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Work Nork		15
22. I certify that (I) (this hospital) attended the deceased fram	8/17/63 19 10 NO	V 22 19 19
that (I) (we) last saw the deceased alive onQet 50		ian death accorred on the date
and hour and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE		23 B. DATE SIGNED
men Men M.D. A.	ttending Med. Steff Phys.	11/22/41
23C. PHYSICIAN'S NAME (Type) Taken to the armo M.D.	23D. ADDRESS	
1014 (10) 3.11	DIO MIGE May	town, er county/ (Stete)
REMOVAL (Specily)	BAITTMORE	MARYLAND
BURIAL 11/24/65 HEBREW YOUNG ME	TEST PUNERAL DIRECTOR	ADDRESS
NOV 2 4 1965 R.C. C 2 Jahr	SOL LEVINSON & BROS. INC. 60	10 REISTERSTOWN RI
REV, 1/1/65		

